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01:22pm - Tue, May 03, 2005

To: CSC4350 - ECKERT, COLLEEN S Message ID: 343155  
From: LLI2315 - LINTHICUM, LANNETTE, M.D. Date Sent: 05/03/05  
Subject: Priority: 000 Time Sent: 11:48am

\*\*\* Sent by Alternate User "SBA8386" for "LLI2315" \*\*\*  
TO: STEPHANIE ZEPEDA

FROM: LANNETTE LINTHICUM, MD, CCHP-A, FACP  
DIRECTOR, HEALTH SERVICES

DATE: MAY 3, 2005

STEPHANIE,

I NEED A CLINICAL PHARMACOLOGY CONSULT IN EVALUATING THE LIST OF  
MEDICATIONS LISTED BELOW FOR POSSIBLE DRUG INTERACTIONS. THIS CASE

COMMANDS: Ans TRa Read DEFer FILE Post View Edit DEL PUT QUE DCal Print Help  
----- SYSM INBASKET MESSAGE REVIEW ----- 3.1  
User ID: CSC4350 01:22pm - Tue, May 03, 2005  
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To: CSC4350 - ECKERT, COLLEEN S Message ID: 343155  
From: LLI2315 - LINTHICUM, LANNETTE, M.D. Date Sent: 05/03/05  
Subject: Priority: 000 Time Sent: 11:48am

INVOLVED RICKY ROBERTSON, TDCJ #1172218. HE DIED LAST YEAR OF A  
NORTRIPTYLINE OVERDOSE AND HEAT STROKE. PREMORTEM TOXICOLOGY SCREEN  
WAS POSITIVE FOR TRICYCLICS (BY FPIA: 660 NG/ML) AND POSTMORTEM  
TOXICOLOGY SCREEN WAS ALSO POSITIVE FOR TRICYCLICS (QUALITATIVE).  
OFFENDER ROBERTSON HAD A DIAGNOSIS OF BIPOLAR DISORDER. PLEASE ANSWER  
THE FOLLOWING QUESTIONS.

- 1) COULD ANY OF THE DRUGS LISTED BELOW POTENTIATE (I.E. INCREASE) THE  
LEVELS OF TRICYCLICS?
- 2) HOW MANY OF THE DRUGS LISTED BELOW COULD AFFECT OFFENDER  
ROBERTSON'S HEAT REGULATION MECHANISMS?
- 3) ARE THERE ANY SYNERGISTIC EFFECTS FROM THIS COMBINATION OF  
MEDICATION WITH RESPECT TO HEAT REGULATION?

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Subject: Priority: 000 Time Sent: 11:48am

PLEASE PROVIDE ANY OTHER GENERAL INFORMATION THAT YOU DEEM MAY BE  
USEFUL.

MEDICATION

- 1) LITHIUM CARBONATE, 300MG CAP - TAKE 3 CAPSULES 2 TIMES EVERY DAY FOR THIRTY DAYS.
- 2) CHLORPROMAZINE, 100MG TABLET - TAKE 1 TABLET 2 TIMES EVERY DAY FOR THIRTY DAYS.
- 3) BENZTROPINE MES, 2MG TABLET - TAKE 1 TABLET 2 TIMES EVERY DAY FOR THIRTY DAYS.

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To: CSC4350 - ECKERT, COLLEEN S Message ID: 343155  
From: LLI2315 - LINTHICUM, LANNETTE, M.D. Date Sent: 05/03/05  
Subject: Priority: 000 Time Sent: 11:48am

- 4) AMANTADINE, 100MG CAPS. - TAKE 1 CAPSULE 2 TIMES EVERY DAY FOR THIRTY DAYS.
- 5) NOTRIPTYLINE, 75MG CAPSULE - 1 CAP QPM X 30 D FOR DEPRESSION.
- 6) CHLORPROMAZINE, 50MG TAB - 1 TAB BID - TAKE W/100MG BID -TTL DOSE 150MG BID.

I HAVE COPIED COLLEEN ECKERT WITH THE OFFICE OF INSPECTOR GENERAL ON THIS E-MAIL. SHE IS THE INVESTIGATOR ASSIGNED TO THIS CASE. I BELIEVE YOU MAY HAVE SPOKEN TO DENNIS RHOTEN ALREADY ABOUT THIS CASE.

THANKS AS ALWAYS FOR YOUR ASSISTANCE.

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User ID: CSC4350

08:52am - Thu, May 05, 2005

Enter Command ==>

\*\*\* This message was previously SENT -- no updating is allowed \*\*\*

Message ID: 363449 Status: SENT Lines: 0000015 Chars: 0000811

-----1-----2-----3-----4-----5-----6-----7-  
MS. ZEPEDA-

I RECEIVED A COPY OF THE REQUEST SENT TO YOU BY DOCTOR LINTHICUM  
CONCERNING OFFENDER RICKY ROBERTSON, TDCJ # 1172218 AND A CLINICAL  
PHARMACOLOGY CONSULT. I WAS JUST CHECKING TO SEE IF YOU HAD TIME YET TO  
LOOK INTO THIS MATTER. IF YOU HAVE OR ONCE YOU DO MAKE ANY  
DETERMINATION, COULD YOU PLEASE EITHER E-MAIL YOUR FINDINGS TO ME AT  
CSC4350 OR SEND ME AN IOC AT FAX NUMBER 281-595-2558. IF YOU HAVE ANY  
QUESTIONS, PLEASE CALL ME AT 281-595-2095.

INVESTIGATOR COLLEEN ECKERT/OFFICE OF THE INSPECTOR GENERAL  
\* \* \* END OF MESSAGE \* \* \*

-----1-----2-----3-----4-----5-----6-----7-  
W/P CMMDS: Wordwrap SPell DICTIONary CORrect TSplit  
COMMANDS: Up Down Top Bottom Right Find Send DElete Copy UPDate GET PUT QUE  
Print FILE PULl Post BPull Check Sort SET{CAP|CMMd|NULL|SCR} UNLk

4.0

----- SYSM INBASKET MESSAGE REVIEW ----- 2  
11:03am - Thu, May 05, 2005

Enter Command ==>

To: CSC4350 - ECKERT, COLLEEN S  
SZE8805 - ZEPEDA, STEPHANIE Date Sent: 05/05/05  
Subject: Reply to FOLLOW-UP . 000 Time Sent: 11:01am

I WILL TRY TO HAVE IT DONE TODAY OR TOMORROW.

Sent to: CSC4350 ECKERT, COLLEEN S (to)  
\* \* \* End of Message \* \* \*

COMMANDS: Ans TRa Read DEFeR FILE Post View EDit DEL PUT QUE DCal Print Help

Read Mail - cse724@mail.ev1.net

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v1.1



## EVERYONES INTERNET Classic WebMail

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**Message:**

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| Search  |
| Help    |

From: "Zepeda, Stephanie D." &lt;sdzepeda@UTMB.EDU&gt;

Save Addr

Subject: FW: Request for clinical pharmacology consult

Date: Mon, 9 May 2005 12:01:59 -0500

To: &lt;cse724@mail.ev1.net&gt;

Cc: "Cason, Dick M." &lt;dmcason@UTMB.EDU&gt;, &lt;lannette.linthicum@tdcj.state.tx.us&gt;

Ms. Eckert,

Below is the information I provided to Dr. Linthicum. Please give me a call if you have any questions. Thanks.

Stephanie Zepeda, Pharm.D.  
Assistant Director of Pharmacy  
UTMB Correctional Managed Care  
936-437-5363

-----Original Message-----

From: Zepeda, Stephanie D.

Sent: Mon 5/9/2005 11:56 AM

To: Lannette.Linthicum@tdcj.state.tx.us

Cc: Cason, Dick M.

Subject: RE: Request for clinical pharmacology consult

Dr. Linthicum,

I found the following.

Diagnoses: nortriptyline overdose and heat stroke, bipolar d/o

## Drugs:

- \*lithium 300mg - 3 capsules bid
- \*chlorpromazine 100mg - 1 tablet bid
- \*chlorpromazine 50mg - 1 tablet bid
- \*nortriptyline 75mg - 1 capsule q pm
- \*benztropine 2mg - 1 tablet bid
- \*amantadine 100mg - 1 capsule bid

## Questions:

1. Could any of the drugs listed potentiate (i.e., increase) the levels of tricyclics?

There is a potential drug-drug interaction between nortriptyline and chlorpromazine. The onset is generally delayed, severity minor, and documentation is possible. Effect - increased serum concentration of TCA. Mechanism - possibly competitive inhibition of TCA metabolism. Management - decrease TCA dose if adverse effects are seen.

2. How many of the drugs listed could affect heat regulation mechanisms?

<http://plainmail.ev1.net/Xaea49b99cc939ec99e9f65707bc1/rmail.28291.cgi?&mbx=Main&n...> 5/9/2005

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The most commonly used drugs that can affect thermoregulation mechanisms include antipsychotic agents (e.g., chlorpromazine), serotonin antagonists, sympathomimetic agents, and anticholinergics (e.g., benztropine).

Chlorpromazine - May cause NMS (neuroleptic malignant syndrome) which is characterized by muscle rigidity, hyperthermia, autonomic instability and altered mental status. It is also considered a "poikilothermic" (drug that may disrupt the body's normal temperature regulating mechanisms). Cases of heat stroke have been reported in the literature.

Nortriptyline - Is considered a "potentiator" (drug which may potentiate the effects of anhidrotics or poikilothermics).

Benztropine - Is considered a "anhidrotic" (drug which may inhibit perspiration).

3. Are there any synergistic effects from this combination of medication with respect to heat regulation?

The patient was prescribed 3 medications that may affect heat regulation: chlorpromazine, nortriptyline, and benztropine. Use of these agents concomitantly may have additive effects on heat regulation.

References:

1. Micromedex. Chlorpromazine. Adverse Reactions. Hyperthermia.
2. Micromedex. Benztropine. Adverse Reactions. Hyperthermia.
3. CMC Policy Manual. B-15.2.
4. Hadad E, et al. Drug-induced hyperthermia and muscle rigidity: a practical approach. European Journal of Emergency Medicine 2003;10:149-154.
5. Cuddy MLS. The effects of drugs on thermoregulation. AACN Clinical Issues 2004;15(2):238-253.
6. Drug Interaction Facts. Tricyclic antidepressants and phenothiazines.

Let me know if you need additional information or have any questions.

Stephanie

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|--|---|---|
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|  | Reviewed: 10/04                                       |   |
|  | Replaces: Pharmacy 55-05<br>& Infection Control 14.32 |   |
|  | Formulated: 8/97                                      |   |
| HEAT STRESS  |   |   |

**POLICY:** To establish guidelines for preventing and monitoring heat stress illness.

**DISCUSSION:**

It is the **responsibility of the facility medical staff** to provide guidelines to assist the facility administration in the determination of safe and healthful work conditions. Every reasonable effort shall be made in the interest of preventing heat-related injuries in the workplace. Problems of heat stress are more common than those prevented by very cold environments. Heat stress is best prevented by acclimatizing staff and offenders to working under hot and humid climate conditions, assuring adequate fluid intake and, to a lesser extent, assuring adequate salt intake. Proper treatment of heat stress should begin at the work site, but severe heat stress is a medical emergency which must be treated in a medical facility. **Salt tablets should not be used in the treatment or prevention of heat stress.**

**DEFINITIONS:**

- I. **Heat Cramps:** usually develop following strenuous exercise, in muscles that have been subjected to extensive work. The pain is brief, intermittent and crampy, and may be quite severe. Heat cramps usually occur after several hours of work, and may occur even at low ambient temperatures. The cause is inadequate replacement of electrolytes (sodium and potassium). **Treatment** consists of rest in a cool place and replacement of fluids and electrolytes, by drinking cool, caffeine-free fluids and eating a meal. **Prevention** is accomplished by ample fluid intake during and after work, and liberal salting of food during meals. Use of electrolyte replacement drinks or lightly salted fruit drinks at the work site may also be beneficial.
- II. **Heat Exhaustion (Heat Prostration):** the most common form of heat stress, caused by depletion of water and salt. Symptoms include weakness, anxiety, fatigue, thirst, dizziness, headache, nausea and urge to defecate. Signs include profuse perspiration, rapid pulse, incoordination and confusion. Heat prostration may lead to **heat syncope**, a sudden onset of collapse that is usually of brief duration. During heat syncope the patient appears ashen gray and skin is cool and clammy. Failure to treat heat exhaustion may result in progression to heat stroke. Risk factors include failure to maintain adequate fluid intake during exertion, and taking diuretics. **Treatment** is to remove the person to a cool area, having them lie down, remove shirt and shoes, begin oral rehydration. Some cases may require intravenous fluid replacement. **Prevention** is accomplished by ample fluid intake during work, proper work-rest cycles, and liberal salting of food during meals.

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- III. **Heat Stroke** is a medical emergency. While it may be preceded by signs of heat exhaustion, the onset is often sudden. In heat stroke the body has lost its ability to dissipate heat and maintain a normal body temperature. Body temperature is often elevated over 106° F. Exertional heat stroke occurs in young, healthy people who maintain inadequate fluid intake during exertion. Signs include headache, chills, gooseflesh, weakness, incoordination, nausea and vomiting, progressing to unconsciousness. Classical heat stroke is seen in the elderly, those with predisposing medical conditions such as congestive heart failure, diabetes and alcoholism, and those on medications which cause fluid depletion, interfere with sweating or interfere with the body's thermoregulatory system. Classical heat stroke has few premonitory signs. Collapse may be among the first symptoms. Skin is hot and dry, and pulse is rapid and weak. Shock and death may occur in either type of heat stroke. **Treatment** is a medical emergency. The patient must be removed to a cool, air-conditioned place, stripped and cooled rapidly using a water spray and cooling fans. **Prevention** includes ample fluid intake during work, proper work-rest cycles, excluding people at high risk from working under conditions of extreme heat and humidity, and maintaining adequate indoor conditions, such as access to cool fluids and use of cooling fans, for persons at increased risk for heat stroke.
- IV. **Anhidrotics** are drugs that inhibit perspiration.
- V. **Poikilothermics** are drugs that disrupt the body's normal temperature regulating mechanisms.
- VI. **Potentiators** are drugs which potentiate the effects of anhidrotics or poikilothermics.

**PROCEDURES:**

- I. Whenever the temperature is 85° F or higher, the Warden (or designee) will use the Heat and Humidity Index (Table 1) to **determine safe hot weather working conditions**. Prior to exposing workers to extremely hot working conditions, the Warden or designee should consult with medical staff to evaluate the hazard of the effective temperature.
- II. **Acclimatization.** Offenders newly assigned to jobs which require strenuous work under conditions with an apparent air temperature of 90° F or greater (see Table 1) must be acclimatized before assuming a full workload. They should work no more than 3-4 hours at a time, separated by at least one hour rest in a cooler environment for the first week. After the first week, they may assume a normal work schedule. Acclimatization can be lost in as little as two weeks, so anybody who has been away from a hot work

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| <b>HEAT STRESS</b>  |  |  |

environment for more than two weeks should be reacclimatized. Acclimatization is not necessary for persons assigned to the same job when temperatures vary with seasonal changes.

- III. **Fluid Intake.** Offenders and staff working at apparent air temperatures over 90° F should maintain an intake of at least 16 oz of fluids per hour of work. Under extreme conditions, work should be interrupted every 15 - 20 minutes and offenders instructed to drink fluids even if they are not thirsty. Drinking water will always be available to workers in hot weather conditions.
- IV. **Work-rest Cycle.** Whenever the apparent temperature (see Table 1) is 90 - 95° F, a 5-minute rest break should be given every hour. If the apparent temperature is 96 - 120° F, a 5-minute rest break should be given every 30 minutes, and work intensity be reduced by 1/3. If the apparent temperature is over 120° F, work should be curtailed, or, if work must continue, a 10-minute rest period should follow every 20 minutes of work, and work intensity should be decreased by 1/2 to 2/3.
- V. **Newly-assigned workers** who are not acclimatized to the heat should be evaluated by the medical staff before being subjected to significant heat stress, and should be monitored by supervisors for signs of heat stress during the acclimatization period.
- VI. **Offenders on Medications.** Work assignments for offenders on medications classified as anhydrotics, poikilothermics or potentiators (see Attachment A) should be considered carefully. In general, offenders on antipsychotic drugs should not be allowed to work or recreate in environments where the apparent air temperature is 95° F or higher. This restriction should also be considered for offenders who are on other drugs classified as anhydrotics or poikilothermics or potentiators if they are on more than one such drug or if they also have an underlying medical condition that places them at increased risk, particularly at higher dosage levels of the drugs. Decisions about suitability of work assignments for these offenders will be made by facility medical staff. Documentation shall be made in the patient's health record on the [REDACTED].

Infopac Report #IMS042 lists all offenders with heat sensitive medical restrictions, including offenders on psychotropic medications. This list is to be reviewed at least once a week during the summer months of May through September and a determination made that the listed offenders have appropriate HSM-18 restrictions.

- VII. **Transportation.** Units are to refrain from transporting psychiatric inpatients to another facility via chain bus. Offenders on the Infopac medication list should be transported during the coolest hours of the day. Outgoing chain screens should be reviewed against

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| <b>HEAT STRESS</b>                                   |   |   |

the unit Infopac Report to ensure that the offenders on medication are traveling on the appropriate mode of transportation. Please note that the Transportation Department adjusts their schedule during the summer months so that routes are run during the coolest part of the day.

- VIII. **Training.** Facility medical staff shall provide initial and annual training in the prevention of temperature extreme injury to all supervisory personnel who manage employees and offenders. Documentation of completed training shall be maintained by the Facility Health Administrator. Training should generally be accomplished in March or April of each year.

**References**

- TDCJ Administrative Directive 10.64, rev.1, Temperature Extremes in the TDCJ-ID Workplace (Cold/Hot).

| Relative Humidity | 80° | 85° | 90° | 95° | 100° | 105° | 110° | 115° | 120° |
|-------------------|-----|-----|-----|-----|------|------|------|------|------|
| 0%                | 73  | 78  | 83  | 87  | 91   | 95   | 99   | 103  | 107  |
| 10%               | 75  | 80  | 85  | 90  | 95   | 100  | 105  | 111  | 116  |
| 20%               | 77  | 82  | 87  | 93  | 99   | 105  | 112  | 120  | 128  |
| 30%               | 78  | 84  | 90  | 96  | 104  | 113  | 123  | 135  | 148  |
| 40%               | 79  | 86  | 93  | 101 | 110  | 123  | 137  | 154  |      |
| 50%               | 81  | 88  | 96  | 107 | 120  | 135  | 150  |      |      |
| 60%               | 82  | 90  | 100 | 114 | 132  | 149  |      |      |      |
| 70%               | 85  | 93  | 106 | 124 | 144  |      |      |      |      |
| 80%               | 86  | 97  | 113 | 133 |      |      |      |      |      |
| 90%               | 88  | 102 | 122 |     |      |      |      |      |      |
| 100%              | 91  | 108 |     |     |      |      |      |      |      |

{Apparent Air Temperature}

|    |                          |
|----|--------------------------|
| XX | Heat exhaustion possible |
| XX | Heat stroke possible     |
| XX | Heat stroke imminent     |

Source: US National Weather Service

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| <b>HEAT STRESS</b>  |  |  |

### ATTACHMENT A DRUGS ASSOCIATED WITH HEAT STRESS

Agents with greater possibility of heat stress injury

|                                  | Anhydrotic | Poikilothermic | Potentiator |
|----------------------------------|------------|----------------|-------------|
| <b>Anticholinergics*</b>         |            |                |             |
| benztropine (Cogentin®)          | +          |                |             |
| biperiden (Akineton®)            | +          |                |             |
| <b>Antipsychotics*</b>           |            |                |             |
| chlorpromazine (Thorazine®)      |            | +              |             |
| fluphenazine (Prolixin®)         |            | +              |             |
| perphenazine (Trilafon®)         |            | +              |             |
| thioridazine (Mellaril®)         |            | +              |             |
| trifluoperazine (Stelazine®)     |            | +              |             |
| mesoridazine (Serentil®)         |            | +              |             |
| molindone (Molan®)               |            | +              |             |
| loxapine (Loxitan®)              |            | +              |             |
| thiothixene (Navane®)            |            | +              |             |
| haloperidol (Haldol®)            |            | +              |             |
| risperidone (Risperdal®)         |            | +              |             |
| olanzapine (Zyprexa®)            |            | +              |             |
| quetiapine (Seroquel®)           |            | ?              |             |
| <b>Tricyclic Antidepressants</b> |            |                |             |
| amitriptyline (Elavil®)          |            |                | +           |
| clomipramine (Anafranil®)        |            |                | +           |
| desipramine (Norpramin®)         |            |                | +           |
| doxepin (Sinequan®)              |            |                | +           |
| imipramine (Tofranil®)           |            |                | +           |
| nortriptyline (Pamelor®)         |            |                | +           |

\* These drugs have specific warnings from the manufacturer to avoid excessive heat and dehydration.

In general, offenders on antipsychotic drugs should not be allowed to work or recreate in environments where the apparent air temperature is 95° F or higher. This restriction should also be considered for offenders who are on other drugs classified as anhydrotics or poikilothermics or potentiators if they are on more than one such drug or if they also have an underlying medical condition that places them at increased risk, particularly at higher dosage levels of the drugs. Decisions about suitability of work assignments and recreation areas for these offenders will be made by facility medical staff.

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| <b>HEAT STRESS</b>                                   |   |   |

## Agents with lower possibility of heat stress injury

|                             | Anhydrotic | Poikilothermic | Potentiator |
|-----------------------------|------------|----------------|-------------|
| Antidepressants             |            |                |             |
| paroxetine (Paxil®)         |            |                | +           |
| venlafaxine (Effexor®)      |            |                | +           |
| mirtazapine (Remeron®)      |            |                | +           |
| bupropion (Wellbutrin®)     |            |                | +           |
| Diuretics                   |            |                |             |
| furosemide (Lasix®)         |            |                | +           |
| hydrochlorothiazide         |            |                | +           |
| Antihistamines              |            |                |             |
| cyproheptadine (Periactin®) | +          |                |             |
| brompheniramine (Dimetapp®) | +          |                |             |
| diphenhydramine (Benadryl®) | +          |                |             |

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| <p style="text-align: center;">TDCJ<br/>HEALTH SERVICES DIVISION<br/>POLICY MANUAL</p> | Effective Date: 10/99                                 | <p>NUMBER: D-27.3</p><br><br><br><br><p>Page <u>1</u> of <u>4</u></p> |
|  | Revised:  |   |
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|  | Formulated: 8/97                                      |   |
| <p><b>PHOTOSENSITIVITY</b></p>   |   |   |

04-1679

Patient Account: 30001068-644

Med. Rec. No.: (0000)708320Q

Patient Name: ROBERTSON, RICKY

Age: 37 YRS DOB: 08/21/66 Sex: M Race: C

Admitting Dr.: BEARY MD, WILLIAM M

Attending Dr.: TDCJ MED

Date / Time Admitted: 07/16/04 0322

Copies to: ANTWI MD, STEPHEN

UTMB

University of Texas Medical Branch

Galveston, Texas 77555-0543

(409) 772-1238

Fax (409) 772-5683

Pathology Report

MOVVA MBBS, SUNIL

117 2218  
**FINAL AUTOPSY REPORT**

Autopsy Office (409) 772-2858

Autopsy No.: AU-04-00193

**AUTOPSY INFORMATION:**

Occupation: Inmate Birthplace: Unknown Residence: TDCJ, Huntsville, TX  
 Date/Time of Death: 07-16-04/1505 Date/Time of Autopsy: 07-19-04/1030  
 Pathologist/Resident: Olano/Nguyen Service: TDCJ Med Restriction: NONE  
 ML-04-348

**FINAL AUTOPSY DIAGNOSIS**

- I. Body as whole: History of bipolar disorder status post treatment with nortryptiline, lithium, chlorpromazine, benztropin, and amantadine. History of severe hyperthermia, acute renal failure, rhabdomyolysis and DIC. Pre-mortem toxicology screen positive for tricyclics (by FPIA: 660 ng/ml) and post-mortem toxicology screen positive for tricyclics (qualitative). C1/C2
- A. Lungs, bilateral: Acute pulmonary congestion, marked (right lung = 1290 g, left lung = 1200 g) with alveolar hemorrhage. A1
- B. Kidneys: History of acute renal failure. C3
1. Kidneys, bilateral: Autolysis, marked (precludes further histologic evaluation).
- C. Brain, hemispheres: Mild edema. A3
1. Cerebellum, hemispheres: Acute ischemic changes involving Purkinje cells. A3
- D. Spleen: Acute congestion. A4
- E. Heart: Focal subendocardial hemorrhage. A4
- II. Other findings:
- A. Thyroid: Colloid cyst. A5
- B. Liver: Macrovesicular fatty metamorphosis, focal. A5

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\*\*\*TYPE: Anatomic(A) or Clinical(C) Diagnosis.

IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;  
 3-contributory COD; 4-concomitant, significant; 5-incidental \*\*\*

Patient Name: ROBERTSON, RICKY

Patient Location: JOHN SEALY TOWER 4A

Room/Bed: J4A - 05

Printed Date / Time: 10/01/04 - 0819

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McGill/MBBS/Roberts/04670

Patient Account: 30001068-644  
Med. Rec. No.: (0000)708320Q  
Patient Name: **ROBERTSON, RICKY**  
Age: 37 YRS DOB: 08/21/66 Sex: M Race: C  
Admitting Dr.: BEARY MD, WILLIAM M  
Attending Dr.: TDCJ MED  
Date / Time Admitted: 07/16/04 0322  
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**Pathology Report**

MOVVA MBBS, SUNIL

**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-04-00193

**CLINICAL SUMMARY:**

This clinical summary is based on information provided by the UTMB medical chart and TDCJ system.

The decedent was a 39 year-old Caucasian man with history of bipolar disorder, borderline personality disorder, and substance abuse. Prior to his death, these were the medications which he had been taking: lithium 600 mg BID, chlorpromazine 100 mg BID, benztropin 2 mg BID, amantadine 100 mg BID, and nortryptiline 75 mg QPM. On 7/15/04 at 22:10, the patient was found unresponsive in his cell at TDCJ with hyperthermia (108 F), hypotension (98/40mmHg), and hypoxemia (O2Sat 73%). The patient was intubated and transferred to UTMB emergency department. At our hospital, he developed hypotension with mean arterial pressure 20-30mmHg which was treated with dopamine and epinephrine. The toxicology study indicated a level of TCA of 600 NG/ML. Additional lab tests revealed the following results: (1) acute renal insufficiency (Creatinine: 2.38 MG/DL); (2) disseminated intravascular coagulopathy (PLT=83000 CMM, fibrinogen= 82 MG/DL, PT=19.8 sec, PTT=50sec); (3) rhabdomyolysis (creatinine kinase 7748 U/L, CK-MB= 63.7 ng/ml); (4) lactic acidosis (pH=7.25, lactic acid = 5.2 MMOL/L); and (5) myocardial damage (troponin= 16.01 ng/ml).

The patient was admitted to MICU for altered mental status, hypotension, and respiratory failure. His family was informed about the poor prognosis and agreed with the "do not resuscitate" decision as well as withholding all medical intervention. The patient expired at 15:05 on 7/16/04 (14 hours after symptoms first occurred).

TN /DRB  
07/20/04

Patient Name: **ROBERTSON, RICKY**  
Patient Location: **JOHN SEALY TOWER 4A**  
Room/Bed: **J4A - 05**  
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**Pathology Report**

MOVVA MBBS, SUNIL

## FINAL AUTOPSY REPORT

Autopsy Office (409) 772-2858

Autopsy No.: AU-04-00193

### GROSS DESCRIPTION:

**EXTERNAL EXAMINATION:** The body is that of a thirty-nine year old, well nourished, well developed, Caucasian male measuring 193 cm in length. There is rigor mortis present in the knees and elbows, and there is fixed dependent lividity on the posterior surfaces. The head is normocephalic with abundant long, black scalp hair, a beard and a mustache. The irides are black with equal pupils measuring 4 mm in diameter. The conjunctiva is transparent and the sclera is without lesions. The nares are patent with no exudate. Dentition is moderate in quality. Buccal membranes are normal with no lesions. The neck does not reveal any evidence of external trauma. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly. There is normal male hair distribution with sparse hair over the lower extremities. The chest does not have increased anterior-posterior diameter. The abdomen is flat. Lymph node enlargement is not present in the supraclavicular, axillary or inguinal regions. The back and extremities are unremarkable. The genitalia are those of a normal circumcised male.

The following medical intervention devices are identified: Nasogastric tube; two triple-lumen venous catheters are found at bilateral groins; two venous catheters are found at bilateral dorsal hands. A "RLP" inscription tattoo is found at right deltoid area. A 1.2 cm longitudinal ulcer is found at the mid-line of the neck and inferior to the thyroid cartilage.

**INTERNAL EXAMINATION:** The body is opened using a standard Y - shaped incision, and reveals a 3.8 cm thick panniculus, and the thoracic and abdominal organs in the normal anatomic positions with no adhesions. The left and right pleural cavities contain 5 ml of clear yellow fluid. There are no pleural adhesions. The pericardial sac contains 5 ml of clear, yellow fluid. There are no rib fractures. The thymus is not identified. No thromboemboli are found within the large pulmonary arteries. The abdominal cavity contains 20 ml of yellow, clear fluid. There are no adhesions between loops of bowel.

**CARDIOVASCULAR SYSTEM:** Heart: The heart weighs 435 gm (normal 270-360 gm) and has a normal shape. The pericardium is smooth, glistening and purple-red. Fresh sections stained with triphenyl tetrazolium chloride (TTC) show no lesions. The myocardium is homogenous red-brown. The endocardium is purple-red and smooth. The left ventricular wall is 1.4 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.4 cm thick (normal 0.25-0.3 cm), 2.0 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous. Valve circumferences measured on the fresh heart are: tricuspid valve 11.5 cm (normal 12-13 cm), pulmonic valve 7.6 cm (normal 8.5-9.0 cm), mitral valve 10.6 cm (normal 10.5-11.0 cm), and aortic valve 8.8 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

**Blood vessels:** The coronary circulation is right dominant. The coronary

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**Pathology Report**

MOVVA MBBS, SUNIL

**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-04-00193

**GROSS DESCRIPTION:**

arteries reveal mild atherosclerotic plaques with up to 40% stenosis of the left anterior descending coronary artery. There is no evidence of hemorrhage or rupture within the plaques. The aorta exhibits no atherosclerotic changes. The celiac, superior and inferior mesenteric, renal and iliac arteries are normal. The superior and inferior vena cavae and their branches are normal in configuration without external compression, and are distended with blood.

**RESPIRATORY SYSTEM:** Larynx and trachea: The laryngeal mucosa is pink and glistening, and the vocal cords are unremarkable. The tracheal mucosa is pink and unremarkable.

**Lungs, bilateral:** The right lung weighs 1290 gm, and the left lung weighs 1200 gm (normal R-435 gm; L-385 gm). The pleural surfaces are purple-red and glistening. Lividity is dorsal. The right lung is inflated with formalin before sectioning. Hilar dissection reveals the bronchial and vascular trees to be of normal configuration, and without lesions. The hilar nodes are unremarkable. The lung parenchyma is black-red and congested.

**GASTROINTESTINAL TRACT:** Esophagus: The esophageal mucosa is autolyzed. The esophagus is firmly anchored to the diaphragm.

**Tongue:** The tongue is removed, and shows a finely granular surface with no coating.

**Stomach and duodenum:** The stomach contains 30 ml of chyme which is black and starchy. The wall displays normal rugae, and the mucosa is autolyzed with no lesions. The duodenum has a tan, glistening mucosa with a normal plical pattern without lesions. The duodenal mucosa is autolyzed.

**Pancreas:** The pancreas has a normal conformation of the head and tail. It is lobulated and soft. The pancreatic duct is patent.

**Biliary tract:** The gallbladder is present. The gallbladder serosa is gray-green and glistening. The gallbladder contains 20 ml of dark green viscous bile and no stones. The mucosa is dark green, glistening and velvety. The wall measures up to 1.5 mm in thickness, and is unremarkable. The cystic duct, hepatic duct, and common duct are patent, and bile is expressed freely.

**Liver:** The liver weighs 1600 gm (normal 1400-1900 gm). Glisson's capsule is transparent. The cut surface has a homogenous lobular pattern, cuts with ease and oozes blood. The surface is yellow consistent with steatosis.

**Small bowel:** The serosa is smooth with no adhesions. The bowel is not dilated. The bowel wall measures 0.3 cm thick. The mucosa is tan and

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Patient Account: 30001068-644

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Age: 37 YRS DOB: 08/21/66 Sex: M Race: C

Admitting Dr.: BEARY MD, WILLIAM M

Attending Dr.: TDCJ MED

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Pathology Report

MOVVA MBBS, SUNIL

**FINAL AUTOPSY REPORT**

Autopsy Office (409) 772-2858

Autopsy No.: AU-04-00193

**GROSS DESCRIPTION:**

glistening with normal plications. The bowel wall reveals no gross lesions.

Large bowel: The serosa is smooth with no adhesions. The lumen contains well formed feces. The bowel wall measures 0.15 cm in thickness. The mucosa is tan and glistening with no lesions. There are no diverticula or polyps present. The appendix is present, and is grossly normal.

Rectum and anus: No lesions are noted, and no abnormalities of the anal opening are present.

RETICULO-ENDOTHELIAL SYSTEM: Spleen: The spleen weighs 380 gm (normal 125-195 gm), and the capsule is gray-blue, translucent, and smooth, without capsular fibrosis. The parenchyma is purple-red and autolyzed with adequate white pulp. Granulomas are not present.

Lymph nodes: Lymph nodes in the mediastinum, abdomen, and retroperitoneum are unremarkable.

GENITO-URINARY SYSTEM: Kidneys: The right kidney weighs 220 gm, and the left 200 gm (normal 125-170 gm). The capsules strip with ease to reveal brown-yellow cortical surfaces. The cut surfaces show well demarcated cortico-medullary junctions. The cortex is 0.5 cm in thickness; the medulla is 1.2 cm in thickness. The renal pelvic mucosa is white, dull and has no lesions. Perihilar adipose tissue is increased. The renal cortex appears to bulge out of the capsule.

Ureters: The ureters are unobstructed, and measure 0.4 cm in maximal external diameter in the middle third, with a tan, smooth glistening mucosa. No periureteral fibrosis is noted. The distal ureters are probe-patent into the bladder. The ureteral wall is 0.1 cm in thickness.

Bladder: The bladder is not dilated or contracted, and contains 10 ml of yellow urine. The bladder wall is 0.3 cm in thickness. The mucosa is white, pink, and the bladder wall is unremarkable. The trigone has a normal conformation.

Prostate: The prostate is granular and tan-gray. The cut surface reveals normal glandular architecture. The seminal vesicles are unremarkable.

Testes: The right testis weighs 28.7 gm, and the left 30.4 gm (normal 20-25 gm). The tunica albuginea is tan-white and glistening. The cut surface reveals a soft, tan-yellow parenchyma with tubules which string with ease.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 46.5 gm (normal 10-22 gm), and is red-brown, bosselated and glistening. The cut surface is homogeneous,

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**Pathology Report**

MOVVA MBBS, SUNIL

**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-04-00193

**GROSS DESCRIPTION:**

translucent, red-brown.

Adrenals: The right adrenal weighs 12.4 gm, and the left 13.1 gm (normal 5-6 gm). The adrenals have a normal conformation and position. Cut surface reveals 1.5 cm thick firm golden yellow-brown cortices, with gray soft medullae.

BRAIN AND SPINAL CORD: Reflection of the scalp reveals no hemorrhage. The calvaria and base of the skull show no fracture. The dura mater is normal. The brain weighs 1680 gm (normal 1200-1400 gm). The gyri and sulci display mild edema. The circle of Willis, basilar, and vertebral arteries show no atherosclerosis. No indentation or herniation of the cingulate gyri, unci or molding of the cerebellar tonsils are noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The spinal cord is removed, and gross examination reveals no lesions. The spinal cord is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

PITUITARY GLAND: The pituitary gland is removed, and is fixed in formalin for subsequent examination by a neuropathologist.

Blood and vitreous samples were retained. Samples of liver, kidney, heart, lung, and spleen were frozen for potential further examination. Samples of blood were submitted for toxicological analysis.

TN /DRB  
07/20/04

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Pathology Report

MOVVA MBBS, SUNIL

**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-04-00193

**MICROSCOPIC DESCRIPTION:**

Testis, slide 3, right, slide 4, left, (2 H&E): No pathological changes

Bladder, slide 12, (1 H&E): Mucosal autolysis. Submucosa and muscularis propria appear normal.

Kidneys, slide 13, right; slide 14, left, (1 H&E): Marked autolysis of renal tubules. Glomeruli and blood vessels appear normal. Interstitium appears normal.

Prostate, slide 6, (1 H&E): Glandular autolysis. Stroma appears normal.

Heart, slide 4, left ventricle; slide 5, interventricular septum; slide 8, right ventricle, (2 H&E): Focal subendocardial hemorrhage and focal interstitial fibrosis (slide 4).

Left anterior descending coronary artery, slide 8, (1 H&E): Atherosclerotic plaque.

Lungs, slide 10, right; slide 11, left, (2 H&E): Acute pulmonary congestion and acute alveolar hemorrhage.

Gastrointestinal system, slide 7, esophagus; slide 7, stomach, slide 15, small and large intestines, (2 H&E): Autolysis

Liver, slide 9, (1 H&E): Macrovesicular fatty metamorphosis.

Pancreas, slide 12, (1 H&E): Autolysis

Adrenals, slide 1, left; slide 3, right, (2 H&E): No pathological changes

Thyroid, slide 2, (1 H&E): Small colloid cyst with no evidence of inflammation, fibrosis or calcification. Rest of the gland appears normal. There is no evidence of inflammation or hyperplasia.

Spleen, slide 2, (1 H&E): Occasional neutrophils in the red pulp. White pulp is within normal limits.

Bone, vertebral body, slide 16, (1 H&E): No pathological changes

**SUMMARY OF POST-MORTEM LABORATORY DATA**

1. Toxicology screen, blood: Positive for nortryptiline.

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MOVVA MBBS, SUNIL

**FINAL AUTOPSY REPORT**

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Autopsy No.: AU-04-00193

**MICROSCOPIC DESCRIPTION:**

TN /DRB  
08/20/04

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**Pathology Report**

MOVVA MBBS, SUNIL

**NEUROPATHOLOGY CONSULTATION**

Neuropath Office (409) 772-2881

Autopsy No.: AU-04-00193

**ML-04-348**

**CLINICAL HISTORY:**

The decedent was a thirty-nine year-old Caucasian man with history of bipolar disorder, borderline personality disorder, and substance abuse. Prior to his death, these were the medications which he had been taking: lithium 600 mg BID, chlorpromazine 100 mg BID, benztropin 2 mg BID, amantadine 100 mg BID, and nortryptiline 75 mg QPM. On 7/15/04 at 22:10, the patient was found unresponsive in his cell at TDCJ with hyperthermia (108F), hypotension (98/40mmHg), and hypoxemia (O2Sat 73%). The patient was intubated and transferred to UTMB emergency department. At our hospital, he developed hypotension with mean arterial pressure 20-30mmHg which was treated with dopamine and epinephrine. The toxicology study indicated TCA 600 NG/ML. Additional lab test indicate the following results: (1) acute renal insufficiency (creatinine 2.38 MG/DL); (2) disseminated intravascular coagulopathy (PLT=83000 CMM, fibrinogen= 82 MG/DL, PT=19.8 sec, PTT=50sec); (3) rhabdomyolysis (creatinine kinase 7748 U/L, CK-MB= 63.7 ng/ml); (4) lactic acidosis (pH=7.25, lactic acid = 5.2 MMOL/L); and (5) myocardial damage (troponin= 16.01 ng/ml).

The patient was admitted to MICU for altered mental status, hypotension, and respiratory failure. His family was informed about the poor prognosis and agreed with the "do not resuscitate" decision as well as withholding all medical intervention. The patient expired at 15:05 on 7/16/04 (14 hours after symptoms first occurred). The main findings at the autopsy include bilateral pulmonary edema, hepatic steatosis, mild edema of the brain, probable acute tubular necrosis of the kidneys, and subendothelial hemorrhage of the heart. The main cause of death is cardiac arrest secondary to tricyclic antidepressant overdose. The manner of death is natural.

Pathologist/Resident: Olano/Nguyen

**GROSS DESCRIPTION:**

Submitted for neuropathologic examination are brain, convexity dura, spinal cord with spinal dura (15 cm segment) not including conus medullaris/filum terminale, and pituitary gland.

The dura is grossly unremarkable. There is no evidence of significant jaundice staining. There is no evidence of masses or calcifications/ossifications. There is no evidence of thrombosis of the superior sagittal sinus.

The weight of the unfixed brain at the time of autopsy is 1680 gm. External examination reveals no evidence of arachnoid hemorrhage, exudate, focal softening, discoloration, sulcal widening, swelling or herniation. The leptomeninges are thin and transparent. The major cerebral arteries have no significant atherosclerosis. The circle of Willis has a normal symmetric pattern, and no aneurysms or other malformations are identified.

Patient Name:

Patient Location:

Room/Bed:

Printed Date / Time: **ROBERTSON, RICKY**

**JOHN SEALY TOWER M.D.**

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**Pathology Report**

MOVVA MBBS, SUNIL

**NEUROPATHOLOGY CONSULTATION**

Neuropath Office (409)772-2881

Autopsy No.: AU-04-00193

**GROSS DESCRIPTION:**

The hemispheres are sliced coronally, revealing normal anatomic development, normal size ventricles and normally thick cortical ribbon with distinct gray-white junction. No gross lesions are identified in the hemispheres. The brainstem and cerebellum are sliced transversely, revealing normal anatomic development, normal pigmentation of substantia nigra and locus ceruleus, and no evidence of gross lesions.

The spinal dura is opened anteriorly, revealing no evidence of extradural, subdural or arachnoid hemorrhage, or malformations. The substance of the spinal cord is fragmented superiorly, probably due to mechanical artifact, but will be examined microscopically to rule out cavitation. The spinal cord is sliced transversely at approximately 1 cm intervals, revealing normal development and no evidence of parenchymal lesions.

The pituitary gland is intact and normally developed, without external hemorrhages or other lesions. The horizontal cut surface reveals a homogeneous posterior lobe and a variegated anterior lobe with no evidence of internal lesions.

Dictated by: GERALD A. CAMPBELL, M.D., PATHOLOGIST  
08/13/04

**SECTIONS TAKEN:**

B1: Pituitary; B2: Left frontal; B3: Left hippocampus; B4: Cerebellar vermis;  
B5: Spinal cord

**FINAL DIAGNOSES:**

**A. Brain and cranial dura:**

1. Cerebellum, Purkinje cells: Acute ischemic change

**B. Spinal cord and spinal dura (15 cm thoracolumbar segment):**

1. No abnormalities

**C. Pituitary gland:**

1. No abnormalities

**GERALD A. CAMPBELL, M.D., PATHOLOGIST**  
Division of Neuropathology

Patient Name:

Patient Location:

Room/Bed:

Printed Date / Time: **ROBERTSON, RICKY**

**JOHN SEALY TOWER M.D.**

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Patient Name: ROBERTSON, RICKY  
Age: 37 YRS DOB: 08/21/66 Sex: M  
Admitting Dr.: BEARY MD, WILLIAM M  
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Date / Time Admitted: 07/16/04 0322  
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Race: C

MOVVA MBBS, SUNIL  
(Electronic Signature).

Gross: 08/13/04  
Final: 08/15/04

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Pathology Report

Patient Name:

Patient Location:

Room/Bed:

Printed Date / Time: ROBERTSON, RICKY

JOHN SEALY TOWER M.D.

J4A - 05

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Patient Account: 30001068-644  
Med. Rec. No.: (0000)7083200  
Patient Name: **ROBERTSON, RICKY**  
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**Pathology Report**

MOVVA MBBS, SUNIL

**FINAL AUTOPSY REPORT**

Autopsy Office (409) 772-2858

Autopsy No.: AU-04-00193

**CLINICOPATHOLOGIC CORRELATION:**

The decedent was a 39 year-old Caucasian male with history of psychiatric disorders, substance abuse, and severe hyperthermia. He developed altered mental status, severe hypotension, respiratory failure, disseminated intravascular coagulopathy, rhabdomyolysis, and acute renal failure.

The decedent's clinical history and laboratory data meet the definition of severe hyperthermia (T: > 105.8F) leading to heat stroke. Known complications of heat stroke include severe rhabdomyolysis leading to acute renal failure, disseminated intravascular coagulation and multiorgan failure as demonstrated in this case (renal and pulmonary failure, and ischemic damage of the CNS). Marked elevation of creatine kinase and laboratory evidence of renal failure and DIC were documented pre-mortem. Post-mortem demonstration of acute tubular necrosis and fibrin microthrombi was not possible, most likely due to severe autolysis.

Pre-mortem analysis of serum revealed a toxic level of tricyclic antidepressants (660 ng/ml). Levels of tricyclics in lethal cases are usually above 1000-2000 ng/ml. The decedent was also on several other medications including amantadine and chlorpromazine which along with the tricyclics are known risk factors for developing hyperthermia and heat stroke because of their effects on heat dissipating mechanisms in the body.

In summary, this 39-year-old man died of complications of severe hyperthermia and heat stroke. An important contributing factor was a toxic level of tricyclics in serum. The manner of death is accidental.

**References:**

1. Yoder E. Disorders due to heat and cold. In Cecil Textbook of Medicine. Goldman L, Bennet JC (Eds). 21st Edition. 2000:512-515. WB Saunders Pub, Philadelphia.
2. Simon HB. Hyperthermia. New England Journal of Medicine. 1993;329:483.

TN /TN  
08/30/04

JUAN P. OLANO, M.D., PATHOLOGIST  
THONG NGUYEN, D.O.  
09/27/04

(Electronic Signature)

Patient Name: **ROBERTSON, RICKY**  
Patient Location: **JOHN SEALY TOWER 4A**  
Room/Bed: **J4A - 05**  
Printed Date / Time: **10/01/04 - 0819**

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Page: 9

## AMERITOX

9930 W. Hwy 80 Midland, TX 79706  
Tel (868) 287-7584 Fax (432) 561-8619

*Nguyen*  
*G/ano*

### Toxicological Laboratory Report

Name: Ricky Robertson

Case Number: AU04193

Medical Examiner: Dr. Aronson

Company Name: University of Texas Medical Branch

#### Drugs of Abuse Screen

Urine Tricyclic antidepressants

Positive

#### Common Basic Screen

Serum Nortriptyline

Positive\*

Serum Doxepin

Negative

Serum Desipramine

Negative

Serum Imipramine

Negative

Serum Cyclobenzaprine, Clomipramine

Negative

Serum Amitriptyline

Negative

#### Quantitative Tests

Serum Alcohol, Ethyl

Negative

Serum Alcohol, n-propanol, acetone, methanol, isopropyl

Negative

#### Other Tests

Serum Salicylate, spot test

Negative

Urine Acetaminophen screen

Negative

\*Quantity not sufficient for requested analysis.

*Joseph R. Montano*  
Joseph R. Montano, Ph.D., DAFT  
Laboratory Co-Director

AUG 19 2004

Date

Tuesday, Aug 17 2004 14:48:10  
Page 1 of 1



Texas Department of Criminal Justice

Brad Livingston  
Executive Director

CONFIDENTIAL

To: Dennis Rhoten  
Director, Investigations  
Office of Inspector General

*TEX HEALTH & SAFETY CODE  
161.032 & .033*

From: Lannette Linthicum, MD, CCHP-A, FACP *LL*  
Director, Health Services Division

Date: May 3, 2005

Re: Ricky Robertson  
TDCJ #1172218 (Deceased)

The death of Offender Ricky Robertson, TDCJ #1172218 has been reviewed by two Health Care Committees of the Correctional Manage Health Care Program – namely, the Joint Morbidity and Mortality Committee and the Physician Peer Review Committee. I am not able to share with you any specific detail action taken by these committees because the proceedings and findings of these committees are protected by statute from disclosure. However, I can tell you that corrective action was recommended with respect to clinical process and care issues. I have personally met with the UTMB, Interim, Director of Mental Health Services, Dr. Pradan Nathan regarding this case. I have unequivocally expressed my concern about some clinical issues in this case. I have also expressed my desire that the corrective action outline via the Peer Review process be expeditiously completed.

I have requested that the Joint Mental Health Working Group (the latter is composed primarily of mental health staff from the three partner agencies – TDCJ, UTMB and Texas Tech) address the issue of offenders on psychotropic medications and their housing needs. The Joint Mental Health Working Group is scheduled to meet on May 19, 2005 from 1:00 p.m. – 3:00 p.m. The group will address modifying the current Health Summary for Classification form (HSM-18) to add a designator for offenders receiving psychotropic medications and instructions regarding housing considerations.

Housing considerations will be extremely limited. As you know, the Texas Department of Criminal Justice (TDCJ) does not have any tempered air or air conditioned units/facilities. There are 2,000 inpatient psychiatric beds, which are air-conditioned that serve the entire system. However, the majority of mental health offenders are outpatient and do not meet clinical criteria for inpatient care. In fact, there are approximately 17,000 offenders on the outpatient mental health caseloads. A large portion of them are receiving psychotropic medication. This issue is

P.O. Box 99

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complex and certainly cannot be solved by the Health Services Division alone. The system has made tremendous strides in attempting to keep the unit/facility temperature at eighty-five (85) degrees as outlined in A.D. 10.64, "Temperature Extremes in the TDCJ Workplace." This has been evident in the marked reduction of heat related illnesses in offenders and staff over the past several years. Short of building new facilities with tempered air or air conditioning, I do not know what else can be done. Strict adherence to the heat directive is imperative.

I hope this satisfies your concerns. Please do not hesitate to contact me should there be any remaining outstanding issues. Thank you.

c: Owen J. Murray, DO, MBA, Medical Director, UTMB Correctional Manage Health Care  
Pradan Nathan, MD, UTMB-CMHC, Interim, Mental Health Director  
✓ Colleen Eckert, Investigator III, Office of Inspector General

---

P.O. Box 99

Huntsville, Texas 77342-0099

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Amended by Acts 2001, 77th Leg., ch. 1420, § 14.781, eff. Sept. 1, 2001; Acts 2003, 78th Leg., ch. 721, § 1, eff. Sept. 1, 2003.

§ 161.032. RECORDS AND PROCEEDINGS

CONFIDENTIAL. (a) The records and proceedings of a medical committee are confidential and are not subject to court subpoena.

(b) Notwithstanding Section 551.002, Government Code, the following proceedings may be held in a closed meeting following the procedures prescribed by Subchapter E, Chapter 551, Government Code:

(1) a proceeding of a medical peer review committee, as defined by Section 151.002, Occupations Code, or medical committee; or

(2) a meeting of the governing body of a public hospital, hospital district, hospital authority, or health maintenance organization of a public hospital, hospital authority, hospital district, or state-owned teaching hospital at which the governing body receives records, information, or reports provided by a medical committee, medical peer review committee, or compliance officer.

(c) Records, information, or reports of a medical committee, medical peer review committee, or compliance officer and records, information, or reports provided by a medical committee, medical peer review committee, or compliance officer to the governing body of a public hospital, hospital district, or hospital authority are not subject to disclosure under Chapter 552, Government Code.

(d) The records and proceedings may be used by the committee and the committee members only in the exercise of proper committee functions.

(e) The records, information, and reports received or maintained by a compliance officer retain the protection provided by this section only if the records, information, or reports are received, created, or maintained in the exercise of a proper function of the compliance officer as provided by the Office of Inspector General of the United States Department of Health and Human Services.

(f) This section and Subchapter A, Chapter 160, Occupations Code, do not apply to records made or maintained in the regular course of business by a hospital, health maintenance organization, medical organization, university medical center or health science center, hospital district, hospital authority, or extended care facility.

Acts 1989, 71st Leg., ch. 678, § 1, eff. Sept. 1, 1989. Amended by Acts 1993, 73rd Leg., ch. 625, § 6, eff. Sept. 1, 1993; Acts 1999, 76th Leg., ch. 908, § 4, eff. June 18, 1999; Acts 2001, 77th Leg., ch. 1511, § 3, eff. Sept. 1, 2001.

§ 161.033. IMMUNITY FOR COMMITTEE MEMBERS. A member of a medical committee is not liable for damages to a person for an action taken or recommendation made within the scope of the functions of the committee if the committee member acts without malice and in the reasonable belief that the action or recommendation is warranted by the facts known to the committee

member.

Acts 1989, 71st Leg., ch. 678, § 1, eff. Sept. 1, 1989.

SUBCHAPTER E. REPORTS OF GUNSHOT WOUNDS AND CONTROLLED SUBSTANCE  
OVERDOSES

§ 161.041. MANDATORY REPORTING OF GUNSHOT WOUNDS. A physician who attends or treats, or who is requested to attend or treat, a bullet or gunshot wound, or the administrator, superintendent, or other person in charge of a hospital, sanatorium, or other institution in which a bullet or gunshot wound is attended or treated or in which the attention or treatment is requested, shall report the case at once to the law enforcement authority of the municipality or county in which the physician practices or in which the institution is located.

Acts 1989, 71st Leg., ch. 678, § 1, eff. Sept. 1, 1989. Amended by Acts 1999, 76th Leg., ch. 38, § 1, eff. Sept. 1, 1999.

§ 161.042. MANDATORY REPORTING OF CONTROLLED SUBSTANCE OVERDOSES. (a) A physician who attends or treats, or who is requested to attend or treat, an overdose of a controlled substance listed in Penalty Group 1 under Section 481.102, or the administrator, superintendent, or other person in charge of a hospital, sanatorium, or other institution in which an overdose of a controlled substance listed in Penalty Group 1 under Section 481.102 is attended or treated or in which the attention or treatment is requested, shall report the case at once to the department.

(b) A physician or other person who reports an overdose of a controlled substance under this section shall include in the report information regarding the date of the overdose, the type of controlled substance used, the sex and approximate age of the person attended or treated for the overdose or for whom treatment was sought, the symptoms associated with the overdose, the extent of treatment made necessary by the overdose, and the patient outcome. The physician or other person making the report may provide other demographic information concerning the person attended or treated or for whom treatment was sought but may not disclose the person's name or address or any other information concerning the person's identity.

(c) A hospital, sanatorium, or other institution that makes a report under this section is not subject to civil or criminal liability for damages arising out of the report. An individual who makes a good-faith report under this section is not subject to civil or criminal liability for damages arising out of the report.

Added by Acts 1999, 76th Leg., ch. 38, § 1, eff. Sept. 1, 1999.

§ 161.043. CRIMINAL PENALTY. (a) A person commits an offense if the person is required to report under this subchapter and intentionally fails to report.

SUBCHAPTER E. PROCEDURES RELATING TO CLOSED MEETING

Sec. 551.101. REQUIREMENT TO FIRST CONVENE IN OPEN MEETING. If a closed meeting is allowed under this chapter, a governmental body may not conduct the closed meeting unless a quorum of the governmental body first convenes in an open meeting for which notice has been given as provided by this chapter and during which the presiding officer publicly:

- (1) announces that a closed meeting will be held; and
- (2) identifies the section or sections of this chapter under

which the closed meeting is held.

Added by Acts 1993, 73rd Leg., ch. 268, Sec. 1, eff. Sept. 1, 1993.

Sec. 551.102. REQUIREMENT TO VOTE OR TAKE FINAL ACTION IN OPEN MEETING. A final action, decision, or vote on a matter deliberated in a closed meeting under this chapter may only be made in an open meeting that is held in compliance with the notice provisions of this chapter.

Added by Acts 1993, 73rd Leg., ch. 268, Sec. 1, eff. Sept. 1, 1993.

Sec. 551.103. CERTIFIED AGENDA OR TAPE RECORDING REQUIRED. (a) A governmental body shall either keep a certified agenda or make a tape recording of the proceedings of each closed meeting, except for a private consultation permitted under Section 551.071.

(b) The presiding officer shall certify that an agenda kept under Subsection (a) is a true and correct record of the proceedings.

(c) The certified agenda must include:

- (1) a statement of the subject matter of each deliberation;
- (2) a record of any further action taken; and
- (3) an announcement by the presiding officer at the beginning

and the end of the meeting indicating the date and time.

(d) A tape recording made under Subsection (a) must include announcements by the presiding officer at the beginning and the end of the meeting indicating the date and time.

Added by Acts 1993, 73rd Leg., ch. 268, Sec. 1, eff. Sept. 1, 1993.

Sec. 551.104. CERTIFIED AGENDA OR TAPE; PRESERVATION; DISCLOSURE.

(a) A governmental body shall preserve the certified agenda or tape recording of a closed meeting for at least two years after the date of the meeting. If an action involving the meeting is brought within that period, the governmental body shall preserve the certified agenda or tape while the action is pending.

(b) In litigation in a district court involving an alleged violation of this chapter, the court:

(1) is entitled to make an in camera inspection of the certified agenda or tape;

(2) may admit all or part of the certified agenda or tape as evidence, on entry of a final judgment; and

(3) may grant legal or equitable relief it considers appropriate, including an order that the governmental body make available to the public the certified agenda or tape of any part of a meeting that was required to be open under this chapter.

(c) The certified agenda or tape of a closed meeting is available for public inspection and copying only under a court order issued under Subsection (b)(3).

Added by Acts 1993, 73rd Leg., ch. 268, Sec. 1, eff. Sept. 1, 1993.

SUBCHAPTER F. MEETINGS USING TELEPHONE, VIDEOCONFERENCE, OR INTERNET

Sec. 551.121. GOVERNING BOARD OF INSTITUTION OF HIGHER EDUCATION; BOARD FOR LEASE OF UNIVERSITY LANDS. (a) In this section, "governing board," "institution of higher education," and "university system" have the meanings assigned by Section 61.003, Education Code.

(b) This chapter does not prohibit the governing board of an institution of higher education or the Board for Lease of University Lands

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----- SYSM (USER PROFILE -- BASIC INFORMATION ----- 5.1  
 User ID: DRH4289 10:11am - Wed, Jun 22, 2005  
 Enter Command ==>

|             |                              |                    |         |
|-------------|------------------------------|--------------------|---------|
| Profile ID: | MS07660                      | Node (System) ID:  | LOCAL   |
| Name:       | SOUTHARD, MICHAEL            | Mode (Trans) ID:   |         |
| Job Title:  | RISK MANAGEMENT SUPERVISOR   | Max Status Level:  |         |
| Department: | REGION III DIRECTOR'S OFFICE | Control Authority: |         |
| Company:    | TDCJ-ID                      | Admin Authority:   | ID      |
| Address:    | 400 DARINGTON RD             | CICS ID:           | MS07660 |
|             | ROSHARON, TX 77583           | External Alias:    |         |

Telephone Ext: 736  
 Telephone #1: 281-369-3736  
 Telephone #2: PAG. 281-308-0948  
 Fax Telephone: 281-369-3542  
 Sign-on Status: OFF  
 Last Signed-on: Terminal 610V, 06/20/05, 09:48am  
 Last Sign-off: Terminal 610V, 06/20/05, 04:06pm  
 Last Updated: 07/02/03, 02:13pm by MS07660

COMMANDS: Up Down Top Bottom Left Right Find Help End GLObal RETurn EXIt

6-23-05  
 Called J.P. Guyton, Asst. Reg. Director  
 Reg. III (281) 369-3736 and asked  
 him to check on temp random checks on  
 Darlington for day before, day of, and day  
 after this death. Mr. Southard has been out  
 yesterday & today.  
 6-23-05 J.P. Guyton called back and said random temp  
 checking was not started until after this  
 incident - D. Phota



**Texas Board of Criminal Justice  
OFFICE OF THE INSPECTOR GENERAL  
INVESTIGATIONS DIVISION**

**CRIMINAL CASE TRACKING DISPOSITION**

Case #: \_\_\_\_\_ Offense Date: \_\_\_\_\_  
Unit of Occurrence: \_\_\_\_\_ OIG Investigator: \_\_\_\_\_

|   |       |                         |               |
|---|-------|-------------------------|---------------|
| To: _____   |       | Please Return To: _____ |               |
| Defendant Name: <input type="checkbox"/> Multiple Defendants <input type="checkbox"/> _____ |       | Race                    | Sex           |
| Last  | First | Age                     | Date of Birth |
| TDCJ Identification # _____ SID #: _____  |       | MI                      |               |

**CHARGES FILED**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Presented to Prosecutor / District Attorney**

Date: \_\_\_\_\_ ☐ Accepted ☐ Declined  
By: \_\_\_\_\_ ☐ D.A. ☐ SPU County: \_\_\_\_\_  
(Prosecutor's/D.A.'s Signature)  
Plea: ☐ Nolo Contendere ☐ Not Guilty ☐ Guilty  
(Prosecutor's/D.A.'s Printed Name) ☐ Dismissed Reason: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Presented to Grand Jury**

Date: \_\_\_\_\_ ☐ True Billed ☐ No Billed Cause # \_\_\_\_\_  
Remarks: \_\_\_\_\_

**Trial Result / Disposition**

Date: \_\_\_\_\_  
Plea: ☐ Nolo Contendere ☐ Not Guilty ☐ Guilty ☐ Dismissed Reason: \_\_\_\_\_  
Remarks: \_\_\_\_\_

**Final Charges**

☐ Same ☐ Reduced to: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Years TDCJ \_\_\_\_\_ and/or Fine: \$ \_\_\_\_\_ Probation: \_\_\_\_\_  
☐ Concurrent ☐ Consecutive

Remarks: \_\_\_\_\_



# CUSTODIAL DEATH REPORT

For reporting requirements and procedure, see Section 39.05 of the Penal Code, Article 49.18(b) (c) of The Code of Criminal Procedure and Article 501.055(b) of The Government Code

## Section 39.05 Failure to Report Death of Prisoner:

- (a) A person commits an offense if the person is required to conduct an investigation and file a report by Article 49.18, Code of Criminal Procedure, and the person fails to investigate the death, fails to file the report as required, or fails to include in a filed report facts known or discovered in the investigation.
- (b) A person commits an offense if the person is required by Section 501.055, Government Code, to:
  - (1) give notice of the death of an inmate and the person fails to give the notice; or
  - (2) conduct an investigation and file a report and the person:
    - (A) fails to conduct the investigation or file the report, or
    - (B) fails to include in the report facts known to the person or discovered by the person in the investigation.
- (c) An offense under this section is a Class B misdemeanor.

## Article 49.18 (a) (b) (c). Death in Custody

- (a) If a person confined in a penal institution dies, the sheriff or other person in charge of the penal institution shall as soon as practicable inform the justice of the peace of the precinct where the penal institution is located of the death.
- (b) If a person dies while in the custody of a peace officer or as a result of a peace officer's use of force or if a person incarcerated in a jail, correctional facility, or state juvenile facility dies, the director of the law enforcement agency of which the officer is a member or of the facility in which the person was incarcerated shall investigate the death and file a written report of the cause of death with the attorney general no later than the 30<sup>th</sup> day after the date on which the person in custody or the incarcerated person died. The director shall make a good faith effort to obtain all facts relevant to the death and include those facts in the report. The attorney general shall make the report, with the exception of any portion of the report that the attorney general determined is privileged, available to any interested person.
- (c) Subsection (a) does not apply to a death that occurs in a facility operated by or under contract with the Texas Department of Criminal Justice. Subsection (b) does not apply to a death that occurs in a facility operated by or under contract with the Texas Department of Criminal Justice if the death occurs under circumstances described by Section 501.055 (b) (2), Government Code.
- (d) In this article:
  - (1) "Correctional facility" means a confinement facility or halfway house operated by or under contract with any division of the Texas Department of Criminal Justice.
  - (2) "In the custody of a peace officer" means:
    - (A) under arrest by a peace officer, or
    - (B) under the physical control or restraint of a peace officer.
  - (3) "State juvenile facility" means any facility or halfway house:
    - (A) operated by or under contract with the Texas Youth Commission or
    - (B) described by Section 51.02 (13) or (14), Family code.

Mail To: Office of the Attorney General  
Criminal Law Enforcement Division  
P.O. Box 12548  
Austin, Texas 78711-2548  
(512) 463-2170

Date of Report: \_\_\_\_\_

## SECTION I: GENERAL INFORMATION

### 1) Agency/Facility Information:

Name of Agency/Facility TDCJ - Office of the Inspector General

Address P.O. Box 4003

City, Zip Code Huntsville, TX 77342-4003

Telephone (936) 437-8716

Signature of Director of Agency/Facility \_\_\_\_\_

REVISED 07/03 REPLACES FORM OF 05/00 WHICH IS OBSOLETE  
CC-0287 (01/2004)

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**Custodial Death Report**  
**Page 2**

**2) IDENTITY OF DECEASED:**

Name of deceased: Robertson, Rickey, TDCJ# 1172218

Race/Ethnic Group: 1. ☐ African-American 2. ☐ Native American 3. ☒ Anglo  
 4. ☐ Asian 5. ☐ Hispanic 6. ☐ Middle East 7. ☐ Other

Sex Male DOB 8/21/1966 Age 37

**3) DATE OF CUSTODY (arrest, incarceration):** 6/25/2003

Time of Custody: \_\_\_\_\_ am \_\_\_\_\_ pm

**4) DATE OF DEATH:** 7/16/2004

Time of Death: \_\_\_\_\_ am 03:10 pm

**5) APPARENT MANNER OF DEATH:**

1. ☐ Suicide 2. ☐ Homicide 3. ☒ Accident 4. ☐ Natural 5. ☐ AIDS Related  
 6. ☐ Cocaine Intoxication 7. ☐ Other

**6) MEDICAL CAUSE OF DEATH:** Overdose/Sepsis (Neuroleptic Malignant Syndrome)

**7) WAS THE CAUSE OF DEATH THE RESULT OF A PRE-EXISTING MEDICAL CONDITION OR DID THE DECEASED DEVELOP THE CONDITION AFTER ADMISSION?**

1. ☐ pre-existing medical condition 2. ☐ Deceased developed condition after admission  
 3. ☒ N/A – cause of death was accidental injury, intoxication, suicide, or homicide.

**8) HAD THE DECEASED BEEN RECEIVING TREATMENT FOR THE MEDICAL CONDITION AFTER ADMISSION TO YOUR JAIL'S JURISDICTION?**

Include only treatment and medication related to the medical condition that caused the Deceased's death. Exclude emergency care provided at time of death.

1. ☐ Yes - Describe \_\_\_\_\_ 2. ☐ No 3. ☐ Not Applicable

**9) TYPE OF CUSTODY:**

1. ☒ TDCJ - ID (Unit) Darrington Unit

2. ☐ Jail

a. ☐ single cell b. ☐ detox cell c. ☐ multiple occupancy d. ☐ holding cell  
 e. ☐ day room/recreation area

3. ☐ Correctional/Rehabilitation Facility

4. ☐ Hospital/Infirmary

5. ☐ Halfway House/Restitution Center

6. ☐ Non-law enforcement detox facility

7. ☐ Custody of Peace Officer

a. ☐ during/fleeing arrest

b. ☐ subsequent to arrest

8. ☐ TYC (Facility)

9. ☐ TJPC (Detention Center)

**10) CHARGES AGAINST DECEASED:** Deadly Conduct (required)

1. ☐ Filed 2. ☒ Convicted 3. ☐ Probation/Parole 4. ☐ Not filed at time of death

**Type of Charges**

1. ☒ Violent Crime against Persons

2. ☐ Child Abuse

3. ☐ Serious Crime against Property

4. ☐ Alcohol/Drug Offense

5. ☐ Other

**11) ATTACH SUMMARY OF HOW THE DEATH OCCURRED:**

CC-0267 (01/2004)

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McGill/Roberts 4698



Texas Board of Criminal Justice  
OFFICE OF THE INSPECTOR GENERAL  
INVESTIGATIONS DIVISION

INVESTIGATOR'S REPORT  
OF CUSTODIAL DEATH

|                        |            |                        |  |   |  |   |
|------------------------|------------|------------------------|--|---|--|---|
| 07-16-04-DA-1          |            | I-07495-07-04 07-16-04 |  | 310   | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Robertson, Ricky       | W          | M                      | 37   | 8-21-1966   |  |   |
| 1172218                | Darlington | 7-16-04                | 3:22   | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM  |  |   |
| Galveston/Hospital     | Galveston  | Galveston              |  |   |  |   |
| Med. Examiner's Office | 7-16-04    | 5:30                   | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |   |
|                        |            |                        |  | <input type="checkbox"/> AM <input type="checkbox"/> PM             |  |   |

Face up on gurney

ON 7-16-04, at approx 12:30 AM., offender was found unresponsive in cell. Taken to Medical. Temp 108°. Life flighted to Hospital Galveston, where he died.

Huntsville Funeral Home.

Clancy

281-595-3465

Law Enforcement Agency:

TEXAS BOARD OF CRIMINAL JUSTICE  
OFFICE OF THE INSPECTOR GENERAL  
INVESTIGATIONS DIVISION  
P.O. Box 4003 - Huntsville, TX 77342-4003  
(836) 437-6718

# **INVESTIGATOR'S REPORT OF CUSTODIAL DEATH** (Continued)

TEXAS BOARD OF CRIMINAL JUSTICE OFFICE OF THE INSPECTOR GENERAL INVESTIGATIONS DIVISION

|                         |                |
|-------------------------|----------------|
| <i>Robertson, Ricky</i> | <i>1172218</i> |
|-------------------------|----------------|

|  |                                      |                                      |   |
|--|--------------------------------------|--------------------------------------|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Pants       | <input type="checkbox"/> Shoes/Boots | <input type="checkbox"/> Jacket                     |
| <input type="checkbox"/> Belt            | <input type="checkbox"/> Gown/Blouse | <input type="checkbox"/> Dress       | <input type="checkbox"/> Other (list details below) |

|           |
|-----------|
| <i>NO</i> |
|-----------|

|                        |
|------------------------|
| <b>MEDICAL HISTORY</b> |
|------------------------|

|                     |   |                              |  |
|---------------------|---|------------------------------|--|
| Was death attended? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Previous history of illness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| History of suicide? | <input type="checkbox"/> Yes <input type="checkbox"/> No            | HIV?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                           |                                   |                       |
|---------------------------|-----------------------------------|-----------------------|
| <i>Hospital Galveston</i> | <i>701 Strand Galveston 77550</i> | <i>(409) 772-6108</i> |
| <i>Dr. Perry</i>          | <i>same</i>                       | <i>( ) -</i>          |

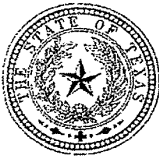
**DIAGNOSIS:** *overdose/ Sepsis*

|                          |
|--------------------------|
| <b>REPORTING OFFICER</b> |
|--------------------------|

|                       |  |  |
|-----------------------|--|--|
| <i>Rgt Robertson</i>  | <i>211 N. Lincoln Ave. Niles, MT 49120</i> | <i>(409) 683-2793</i>  |
| <i>Lt. S. Mickens</i> | <i>( ) -</i>                               | <i>7-16-04 5:20</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |

|             |  |                                       |   |   |
|-------------|--|---------------------------------------|---|---|
| <b>HOW:</b> | <input checked="" type="checkbox"/> Offender Records         | <input type="checkbox"/> Fingerprints | <input checked="" type="checkbox"/> Order for Autopsy | <input type="checkbox"/> Clinic Notes (last 72 hrs)     |
|             | <input checked="" type="checkbox"/> Viewed at Hospital/Scene | <input type="checkbox"/> Other        | <input type="checkbox"/> ER Report (if available)     | <input checked="" type="checkbox"/> Copy of Travel Card |

|                       |                           |  |
|-----------------------|---------------------------|--|
| <i>Lt. S. Mickens</i> | <i>None</i>               | <b>REPORT DISTRIBUTION: (Include Complete Documentation)</b> |
| Verification Made By: | Relationship to Decedent: | (1) Case File (2) J.P. (3) To Accompany Body                 |



**Texas Department of Criminal Justice  
OFFICE OF THE INSPECTOR GENERAL**

**SUPPLEMENT CRIMINAL CASE REPORT**

|   |   |
|---|---|
| OFFENSE<br><b>Death in Custody</b>                | CASE #:<br><b>04-1679</b>                     |
| LOCATION:<br><b>UTMB Galveston</b>                | DATE OF OFFENSE:<br><b>7/16/2004</b>          |
| VICTIM:<br><b>Robertson, Ricky TDCJ # 1172218</b> | DATE OF SUPPLEMENT REPORT:<br><b>4/1/2005</b> |

Below are photographs of Robertson taken by Investigator Cesar Sanchez after Robertson was pronounced dead.



ID# \_\_\_\_\_ DATE \_\_\_\_\_ YES \_\_\_\_\_ NO

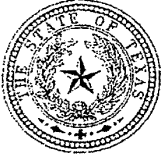
APPROVING SUPERVISOR \_\_\_\_\_

ID# \_\_\_\_\_ DATE \_\_\_\_\_

CC-0255 (02/2005)

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McGill/IRB/Robertson/4604



**Texas Department of Criminal Justice  
OFFICE OF THE INSPECTOR GENERAL**

**SUPPLEMENT CRIMINAL CASE REPORT**

|   |   |
|---|---|
| <b>OFFENSE</b><br>Death in Custody                | <b>CASE #:</b><br>04-1679                     |
| <b>LOCATION:</b><br>UTMB Galveston                | <b>DATE OF OFFENSE:</b><br>7/16/2004          |
| <b>VICTIM:</b><br>Robertson, Ricky TDCJ # 1172218 | <b>DATE OF SUPPLEMENT REPORT:</b><br>4/1/2005 |

Below are photographs of Robertson taken by Investigator Cesar Sanchez after Robertson was pronounced dead.



ID# \_\_\_\_\_ DATE \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

APPROVING SUPERVISOR

ID# \_\_\_\_\_ DATE \_\_\_\_\_

CC-0255 (02/2005)

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**Texas Department of Criminal Justice  
OFFICE OF THE INSPECTOR GENERAL**

**SUPPLEMENT CRIMINAL CASE REPORT**

|   |   |
|---|---|
| <b>OFFENSE</b><br>Death in Custody                | <b>CASE #:</b><br>04-1679                     |
| <b>LOCATION:</b><br>UTMB Galveston                | <b>DATE OF OFFENSE:</b><br>7/16/2004          |
| <b>VICTIM:</b><br>Robertson, Ricky TDCJ # 1172218 | <b>DATE OF SUPPLEMENT REPORT:</b><br>4/1/2005 |

Below are photographs of Robertson taken by Investigator Cesar Sanchez after Robertson was pronounced dead.



ID# \_\_\_\_\_ DATE \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

APPROVING SUPERVISOR \_\_\_\_\_

ID# \_\_\_\_\_ DATE \_\_\_\_\_

CC-0255 (02/2005)

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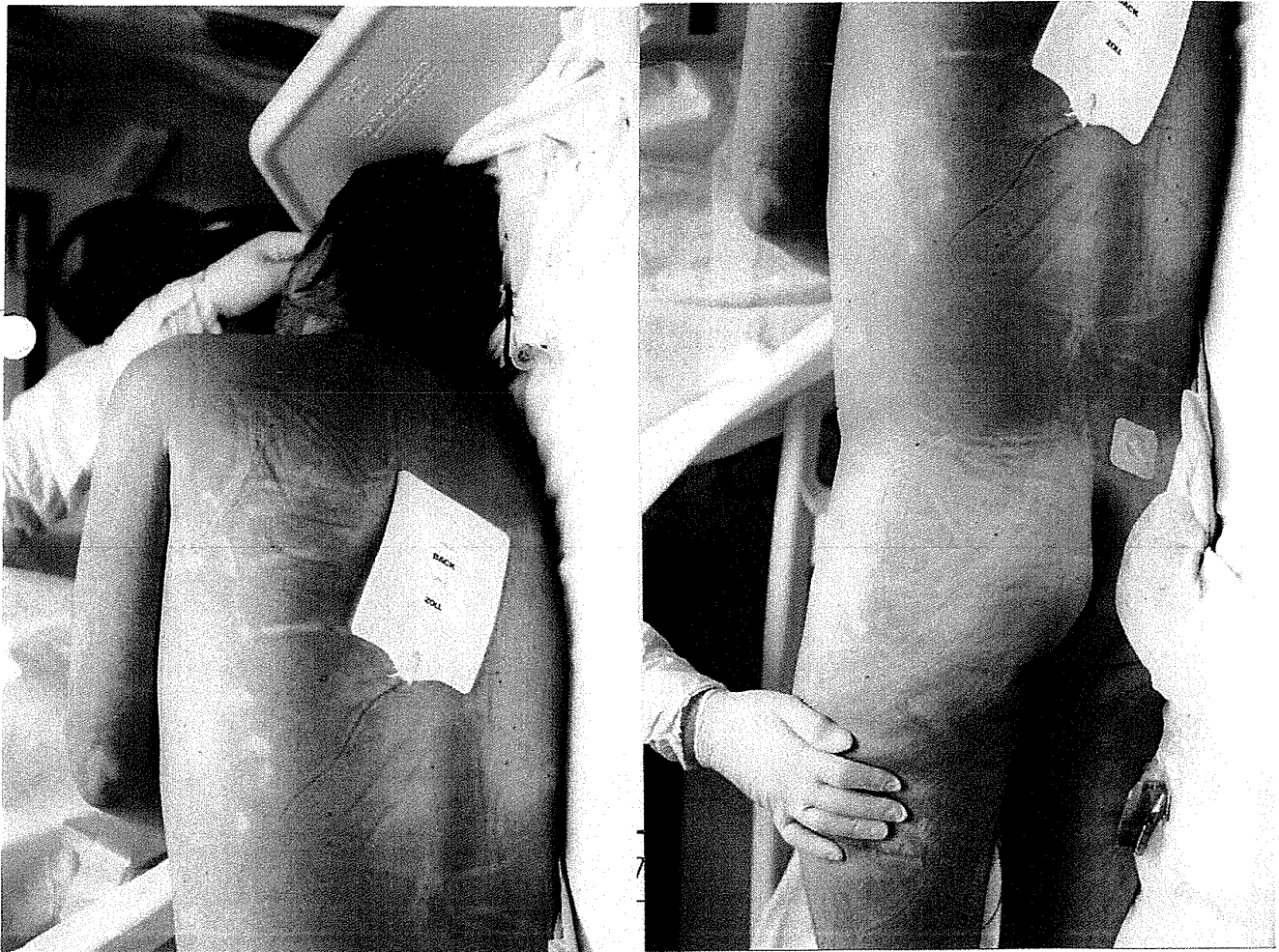


**Texas Department of Criminal Justice  
OFFICE OF THE INSPECTOR GENERAL**

**SUPPLEMENT CRIMINAL CASE REPORT**

|   |   |
|---|---|
| <b>OFFENSE</b><br>Death in Custody                | <b>CASE #:</b><br>04-1679                     |
| <b>LOCATION:</b><br>UTMB Galveston                | <b>DATE OF OFFENSE:</b><br>7/16/2004          |
| <b>VICTIM:</b><br>Robertson, Ricky TDCJ # 1172218 | <b>DATE OF SUPPLEMENT REPORT:</b><br>4/1/2005 |

Below are photographs of Robertson taken by Investigator Cesar Sanchez after Robertson was pronounced dead.



ID#

DATE

\_\_\_\_ YES \_\_\_\_ NO

APPROVING SUPERVISOR

ID#

DATE

CC-0255 (02/2005)

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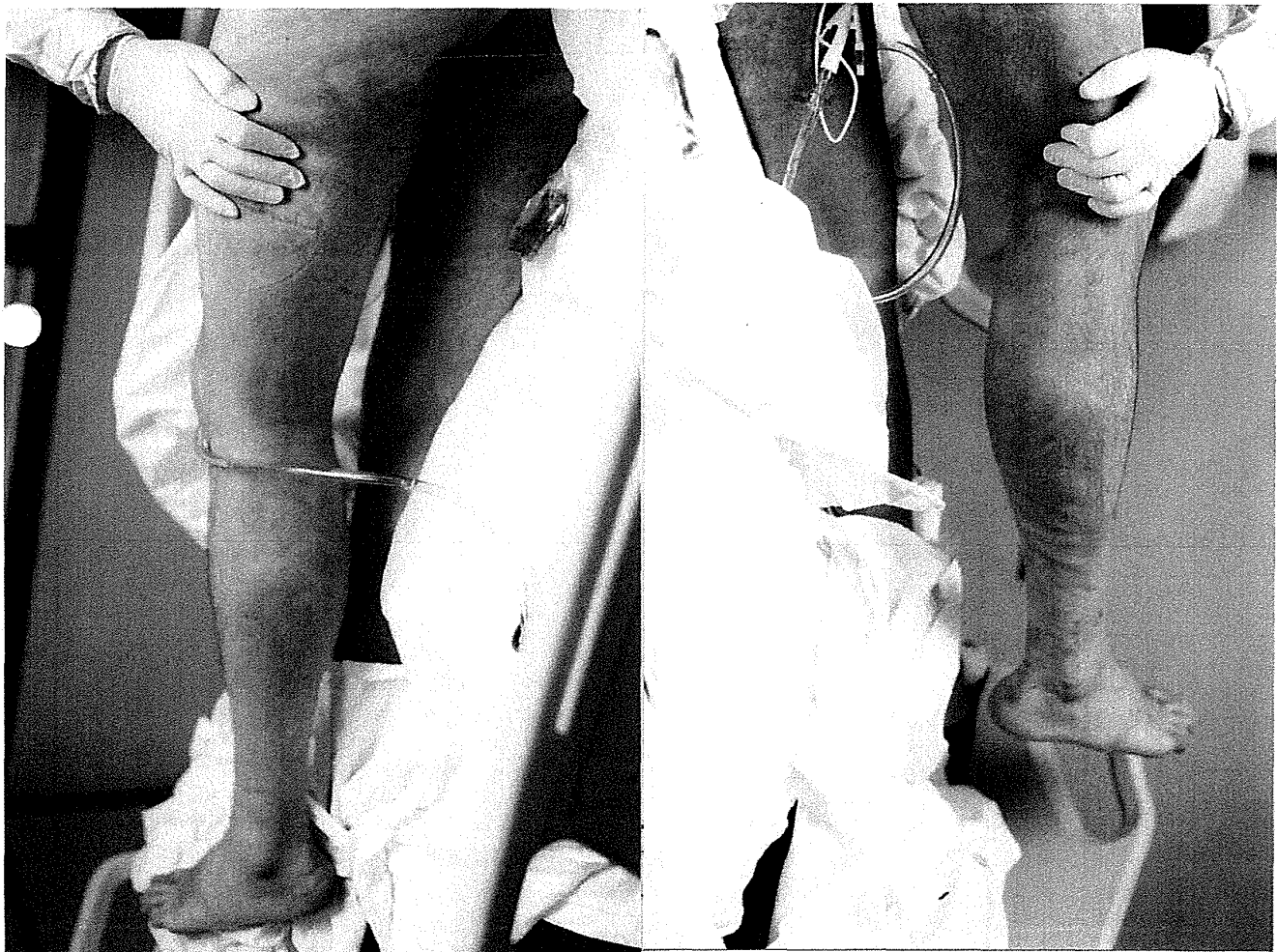


**Texas Department of Criminal Justice  
OFFICE OF THE INSPECTOR GENERAL**

**SUPPLEMENT CRIMINAL CASE REPORT**

|   |   |
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| OFFENSE<br><b>Death in Custody</b>                | CASE #:<br><b>04-1679</b>                     |
| LOCATION:<br><b>UTMB Galveston</b>                | DATE OF OFFENSE:<br><b>7/16/2004</b>          |
| VICTIM:<br><b>Robertson, Ricky TDCJ # 1172218</b> | DATE OF SUPPLEMENT REPORT:<br><b>4/1/2005</b> |

Below are photographs of Robertson taken by Investigator Cesar Sanchez after Robertson was pronounced dead.



ID#

DATE

\_\_\_\_ YES \_\_\_\_ NO

APPROVING SUPERVISOR

ID#

DATE

CC-0255 (02/2005)

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**TDCJ AUTOPSY ORDER**

In accordance with Section 501.055 of the Government Code, the following Order shall serve as authorization from the TDCJ HOSP/GALV. Unit, to perform an autopsy on the body of the offender named below.

Acting in my capacity as an authorized official of the Texas Department of Criminal Justice, I hereby order and decree that an autopsy be performed on the body of one Robertson Ricky #1172218 W/male, approximately \_\_\_\_\_ years of age, Date of Birth 08/21/66. Said Autopsy should be performed to determine the cause of death of the offender who died of natural causes while attended by a physician or registered nurse. The deceased was pronounced dead at 1510 M. on this 16 Day of 7 Year 04.

Said autopsy should include a determination of the cause of death and toxicological examinations of the urine, blood and other bodily matter as deemed necessary to determine types and amounts of alcohol or drugs if any are present in h/s body. I further order that said autopsy be performed by the UTMB Autopsy Service Physicians and/or associates.

Further, said body shall be transported to NA by a representative of NA Funeral Home of NA, Texas, Phone Number NA, or an associate of said Funeral Home. Upon completion of the said autopsy, the body should be relinquished to a representative of NA for transportation back to said city.

It is understood that due care shall be taken to avoid unnecessary disfigurement of the body.

Please forward copy of preliminary findings and reports to:

TDCJ Death Records Technician  
Health Services Division  
3009 Hwy. 30 West, Rm. 162  
Huntsville, TX 77340  
(936) 437-3631  
(936) 437-3638 (fax)

Date of Report: 7/16/04 Time: 15:45

Signed on this the \_\_\_\_\_ Day of \_\_\_\_\_, Year \_\_\_\_\_.

\_\_\_\_\_  
Warden (or designee)

County GALVESTON  
City GALVESTON, Texas Zip Code 77555-0449

Hospital Galveston Unit  
Shift Lieutenant's Report  
Offender Death Notification

Date: 7-16-04Incident #: I-07495-07-04The offender's property is to be inventoried,  
labeled, and placed in the Property Room.

1. This section should be completed prior to any notifications:

Offender's name: ROBERTSON, RICKY TDCJ#: 1172218Unit of Assignment: DA Death Occurred: HG J4A5Cause of Death: NEUROLEPTIC MALIGNANT SYNDROMECertifying physician: DR. PERRY Date: 7-16-04 Time of Death: 1510Where body is being held: UTMB MORGUEDate/Time of Admit: 7-16-04 0322 Dr.: BEARY DX: OVERDOSE/SEPSIS

2. Notifications are to be made immediately.

A. Duty Warden: NEGBENEBO Time: BY E-MAIL

\*Note: If the offender died of natural causes, was under the care of a physician and hospitalized for 24 hours, then it is not a medical examiners case and the medical investigator does not have to be contacted.

B. Galveston Co. Medical Examiners: Name of person contacted: \_\_\_\_\_

Time: \_\_\_\_\_ (409) 942-4459

\*If an offender dies of accident, suicide, homicide, or complications resulting from the same, or dies from unknown causes, or was in the hospital less than 24 hours, then it is medical examiners case and the medical investigator must be contacted.

C. I.A.D.: CESAR SANCHES Time: 1558D. Huntsville Funeral Home: TERSEA MOORE Time: 1548Furnish the name, phone #, and address of person contacted at the medical examiners office, the  
location of the body. (936) 295-6363.E. Chaplain: GOMEZ Time: 1510

Javier Gomez (409) 772-6191

Pager: (409) 641-8398

F. Emergency Action Center: (936) 295-6371 / Ext. 463 or 448 Time: 1545Person contacted: TERSEA ALFORDIncident Report Number: I-7495-07-04 (Included at the top of this report)

3. Make and attach a photocopy of the deceased offender's travel card

4. Return original of completed report

*AN WICKENS*  
Lieutenant's Signature

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
Chaplaincy Department  
CHAPLAINCY MANUAL

Policy Number: 11.04 (rev. 1)  
Page: Attachment A  
Date:

### OFFENDER DEATH NOTIFICATION WORKSHEET

To: WARDEN NEGBNEBOR

Date: 7-16-04

From: CHAPLAIN GOMEZ

Subject: Offender Death Notification

1. *Offender Information*

Name: ROBERTSON, RICKY

TDCJ#: 1172218

Unit Assigned: DA

Cause of Death: NEUROLEPTIC MALIGNANT SYNDROME

Date of Death: (unit/hospital): 7-16-04 HG J4A5

Certifying Physician/Justice of the Peace: DR. PERRY

2. *Family Contact: In the event of natural causes of death under a physician or registered nurse's care, the priority family order should be spouse, adult children or guardians of minor children, parents and siblings.*

Date: 7-16-04

Time: 1600 (left message w/DAU of Bro)

☐ Contacted listed next of kin

☐ Contacted a relative/friend from visiting list or correspondence

☐ Contacted Sheriff's Office / Police Department (specify)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approval of Autopsy by N.O.K. YES ☐ NO ☐

3. *Person Contacted*

Name: ROY ROBERTSON

Relationship: BRO

Address/City/St/Zip: 211 N. LINCOLN AVE. NILES, MI. 49120

Area Code & Telephone Number: 269-683-2393

4. *Burial Arrangements:*

☐ The family will claim the body. The family was instructed to call the Huntsville Funeral Home at 936/295-6363.

☐ The family will not claim the body. The family was instructed to send a fax to 936/437-8073 to the Huntsville Unit Warden with the following message. "I am unable to claim the body of: \_\_\_\_\_ TDCJ# \_\_\_\_\_. I am requesting that he/she be buried in the prison cemetery". Name, address, telephone number and relationship to the inmate should be included in the fax.

☐ Unable to contact any family member or friend (detail efforts in IOC to unit warden). Send E-Mail and fax worksheet to the Huntsville Unit Warden. Burial recommended in the prison cemetery.

5. ☒ Send a copy of this worksheet to: (1) the Director of Classification and Records by E-Mail to BST0772 or a fax to 936/437-6227 and (2) by fax to the Huntsville Funeral Home at 936/295-9253.

6. ☒ Place a copy of the next of kin letter in the Offender Death Notification Packet.

7. ☒ Send a copy of this worksheet, IOC, E-Form, and the next of kin letter to the Director of Chaplains.

8. ☒ Keep a copy of all paperwork in your file and submit this original to the Offender Death Notification Packet.

Chaplain's Signature: CHAPLAIN GOMEZ

Date: 7-16-04

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**TEXAS  
DEPARTMENT  
OF CRIMINAL JUSTICE**

**GARY JOHNSON**  
**Executive Director**

July 16, 2004

Department of Chaplaincy  
Chaplain Gomez  
TDCJ Hospital Galveston  
P.O. Box 48, Sub. Sta. #1  
Galveston, Texas 77555-0449

Mr. Roy Robertson  
211 N. Lincoln Ave.  
Niles, MI. 49120

Dear Mr. Robertson:

I am writing you on behalf of the Texas Department of Criminal Justice-Institutional Division and myself to express our sympathy in the death of your brother, Ricky Robertson. The death of a loved one is never easy to accept or understand, but with the help of God, such a burden is possible to bear. You and your family are in my thoughts and prayers at this difficult time.

If there is any way in which I may assist you, please call (409) 772-6191, or you may write me at the above address.

Respectfully,

Chaplain J. Gomez  
LW  
cc:file



ROBERTSON, Ricky L. (W)

|                    | 1172218            | DEADLY CONDUCT   | 3Y         | IB         | 12                     | Yes      |
|--------------------|--------------------|------------------|------------|------------|------------------------|----------|
| Name               | Number             | Offense          | Sent.      | Class      | Ed.                    | Plea     |
| 05/22/2006         | 10/11/2004         | Not Tested<br>89 | 37         | 08/21/1966 | 08/06/2003<br>LG / sdm | Baptist  |
| Max Expir          | Minimum Expiration | E.A./I.Q.        | Age        | DOB        | Int./By                | Religion |
| Harris             |                    |                  |            | 05/23/2003 | 06/25/2003             |          |
|                    | COUNTY             |                  | Sent. Beg. |            | Date Received          |          |
| Baker Cook Laborer |                    |                  |            |            |                        |          |

## EMPLOYMENT

| Inst.    | Commitments | Escapes | ALL POSTINGS  |
|----------|-------------|---------|---|
| Juv Prob |             |         | Jail Good Time Credited From Sentence Begin Date              |
| Prob Snt | 2           |         | 70th/72nd/73rd LEGISLATURE -                                  |
| Jails    | 3           |         | DISCRETIONARY MANDATORY SUPERVISION RELEASE CANDIDATE HB-1433 |
| Reft'y   |             |         | L1 EFF: 05/23/2003 W EFF: 05/23/2003                          |
| Det Hosp |             |         | 08.14.03 NHucc (01) U/G2 Kit Temp                             |
| Det Home |             |         | 08.20.03 Rucc (01) U/G2, kitchen temp. submit for Review      |
| St Trans | 1           |         | Cleanance.  |
| St Jail  |             |         | 08.26.03 Rucc (34) Cleanings, e IP.                           |
| SubA TF  |             |         | 12.22.03 Rucc (06) U/G2: Rucc SAT 3                           |
| TDCJ-ID  |             |         | 12.17.03 Rucc (MT # 204021795. (2772) 13 Dec. 12/20/03        |
| O/Pris   | 2           |         |   |

## Transfers and Assignments

| DATE                | UNITS    | WORK       | ALL POSTINGS (Cont'd.)                                   |
|---------------------|----------|------------|--|
| ROBERTSON, Ricky L. |          |            | 2.9.04 Rucc (34) Remain as assigned. No physical         |
| # 1172218           |          |            | 3.13.04 Rucc (37) threat by offenders own stmt. at       |
| 06.26.03            | NH       | U/P        | U/G2 APPROVED DORM JAN 17/02                             |
| 06.30.03            | W714-07  |            |  |
| 08.14.03            | D5-03    |            |  |
| 08.20.03            | RK11-02  | Kit Temp   | DEADLY CONDUCT (1) (3 years)                             |
| 08.26.03            | RL JC-40 | 72 Hrs     | ILLNESS, INJURY OR DEATH - NOTIFY                        |
| 08.27.03            | RL B2    | Baker Kit  | SUBJECT STATES NO ONE                                    |
| 09.22.03            | RL       | Kit keeper | RACE: WHITE SEX: MALE HEIGHT: 06' 05" WEIGHT: 214        |
| 10.07.03            | RL       | Kit keeper | COMPLEXION: RUDDY EYES: BRN HAIR: BLK                    |
|                     |          |            | NATIVITY: La Fayette, Tippecanoe Co, IN MARKS and SCARS: |
|                     |          |            | TAT R.L.R OUTSIDE UPPER RIGHT ARM                        |
|                     |          |            | DETAINERS:   |

| Transfers and Assignments |          |                   |
|---------------------------|----------|-------------------|
| DATE                      | UNIT     | WORK              |
|                           | #1172218 |                   |
| 10-09-03                  | RL       | Kit Klippe<br>1st |
| 11-05-03                  | RL       | FT                |
| 1-13-04                   | RL-Kit   | Temp 72hr.        |
| 1-20-04                   | RL-Kit   | Adm 3rd           |
| 2-5-04                    | RL       | H.C. 17           |
| 4-16-04                   | RL       | LT 3rd            |
| 5-13-04                   | RL-52-10 | Jan. J2           |
| 6-09-04                   | RL       | Dorm 1st          |
| 6-26-04                   | J4       | B1-51             |
| 6-28-04                   | J4       | B1-46             |
| 6-29-04                   | GA       | B2A-18            |
| 6-30-04                   | GA       | B2B-03            |

## SUMMARY:

Current DPS report indicates 6 arrests--admit 8 arrests resulting in 60 days St. Joseph Michigan Jail for 1 count of Larceny (time served)--30 days Benton Township City, Michigan Jail for Larceny (time served)--20 days Harris County Jail for DWI (PROBATION REVOCATION, time served)--2 year adult probation Berrin County, Michigan 1984 for 1 count Fraud (claims completed)--1 year adult probation Harris County 2001 for DWI (revoked to jail time served)--XX/Michigan Department of Corrections, #181125, Riverside Correction Facility, Ionia, Michigan, on a 1 year 6 month to 5 years sentence for 1 count each UTTERING/PUBLISHING and LARCENY, claims confined 91 days, claims maintained a clear record, claims transferred to St. Joseph Correctional Center, claims confined 6 months, claims maintained a clear record, claims released on PAROLE to Berrin County, Michigan in 1986 and received CLEMENCY DISCHARGE while on PAROLE in 1987--X/Michigan Department of Correction #B181125, Jackson Prison, Michigan on a 3 year 6 months to 10 year sentence for 1 count BREAKING AND ENTERING BUILDING WITH INTENT, claims confined 3 weeks, claims maintained a clear record, claims transferred to Kinross Correctional Facility, claims confined 4 years, claims maintained a clear record, and released on PAROLE to Berrin County in 1993 and received CLEMENCY DISCHARGE while on PAROLE in 1995--as present TDCJ-ID #1172218, was received at the Garza West State Transfer Facility on 06/26/2003, has maintained a clear record--RAT OF P.O. "IT WAS A MISUNDERSTANDING" --claims no contact with father and mother--claims 1 sib deceased--claims single--residence unstable--education claims 15 (WISD NOT VERIFIED)--claims vocational training in baking/cooking 1995 Ferris Tech School, Michigan (WISD NOT VERIFIED)--employment claims baker (NOT VERIFIED), cook (NOT VERIFIED) and laborer--home stability poor due to lack of contact with family--the current offense of DEADLY CONDUCT involves the subject in a verbal conflict with a Metro Bus driver, displayed a cane containing a 19 inch blade (sword), threatened the driver, violence no physical injuries involved--there was a good report from the Harris County Jail Authorities--claims TRUE NAME: ROBERTSON, Ricky Lee--

## PROGRAM RECOMMENDATIONS:

NONE

DPS#: 06651475

FBI#: 584105DA3

SSN#: [REDACTED]

DL#: 02864735

McCollum/Robertson-106

CSIMF500

.T.D.C.J. - INSTITUTIONAL DIVISION  
DATE: 08/20/03

INMATE VISITORS LIST  
TIME: 15:54:33

NAME: ROBERTSON, RICKY L  
HSNG ASSIGNMENT: K11  
INMATE TYPE: TF

TDC# 01172218 STAT/CUST: L1 G2 UNIT: RL  
G2 BED: 002 LAST VISITOR LIST CHANGE: 07 15 03

01 HULIN, JODY AUSTIN  
02 KELLY, LOLA

FRND P O BOX 16426 LAKE CHARLES LA  
FRND P O BOX 16426 LAKE CHARLES LA

PRESS PF2 KEY TO CORRECT ERRORS OR TO BROWSE VISITORS FOR THE CURRENT MONTH

CONTACT VISITS THIS MO: 0 LAST VISIT DATE:  
REGULAR VISITS THIS MO: 0 LAST VISIT DATE:  
SPECIAL VISITS THIS MO: 0 LAST VISIT DATE:  
ENTER NEXT TDCNO, CODE, OR REQUEST:

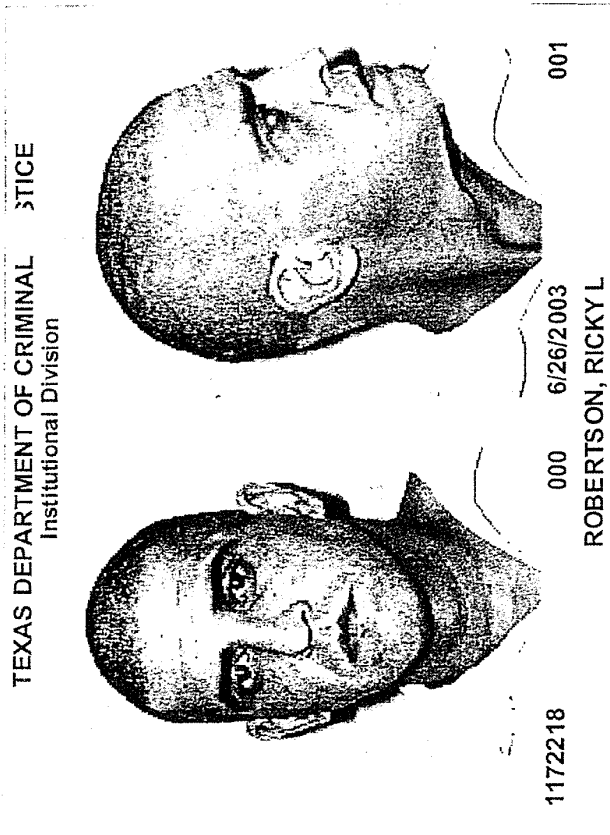
CONTACT VISIT ELIG. N

TDCJ RECV DT: 06/26/03  
OR SIDNO

PF1=HELP

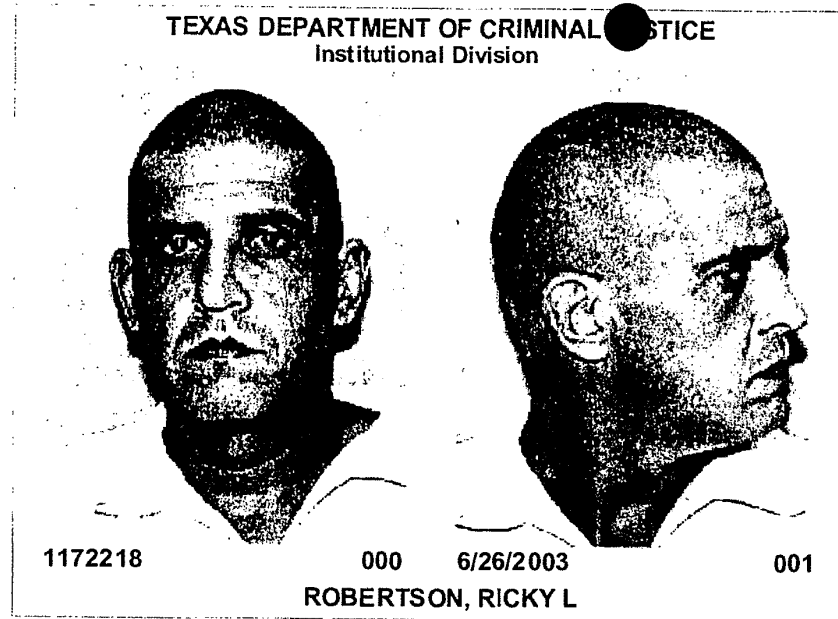
PF5=DISAPPROVED LIST

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7.3



McCollum/Robertson-108

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\*\*\*\*\*

\*\*\* REQUESTOR: TF01382 - FOREMAN, TREASURE DARRINGTON UNIT \*\*\*

\*\*\*\*\*

\*\*\* SYM IN BASKET PRINT \*\*\*

MESSAGE ID: 093051 DATE: 07/16/04 TIME: 03:16am PRIORITY: 000

TO: TF01382 - FOREMAN, TREASURE  
WARDEN'S SECRETARY  
DARRINGTON UNIT  
59 DARRINGTON ROAD  
ROSHARON, TEXAS 77583

FROM: DAWAR01 - DARRINGTON\_UNIT\_INMATE\_RECORD  
INMATE RECORDS STAFF  
DARRINGTON UNIT  
59 DARRINGTON ROAD  
ROSHARON, TEXAS 77553

SUBJECT: I-07458-07-04

ON 7-15-2004 AT APPROXIMATELY 9:35 PM, SUPERVISORS WERE SUMMONED TO H-LINE DUE TO AN UNRESPONSIVE OFFENDER.

UPON ARRIVING AT H-LINE, OFFENDER ROBERTSON, RICKY L TDC#1172218 WAS OBSERVED IN H2-03 CELL, LAYING ON HIS ON HIS BUNK LEANING AGAINST THE TABLE. OFFENDER WAS UNRESPONSIVE. OFFENDER WAS CARRIED OUT OF THE CELL AND PLACED ON THE GURNEY AND ESCORTED TO UNIT INFIRMARY.

ONCE IN UNIT INFIRMARY, OFFENDER WAS EXAMINED BY UNIT MEDICAL. OFFENDER WAS UNRESPONSIVE TO AMONIA CAPSULES AND PAIN STIMULI. VITALS WERE TAKEN SHOWING OFFENDERS BLOOD PRESSURE WAS LOW. BLOOD SUGAR LEVELS WERE CHECKED ALSO. AXILLARY TEMPERATURE WAS 108. ON CALL PHYSICIAN (ABRAHAMS) ORDERED OFFENDER TO BE LIFE-FLIGHTED.

ACTING SENIOR WARDEN (WESTIN) WAS NOTIFIED.

LIFE FLIGHT ARRIVED AND OFFENDER WAS TRANSPORTED TO U.T.M.B. GALVESTON

ACTING SENIOR WARDEN WAS AGAIN NOTIFIED. O.I.G. (MR. SANCHEZ) WAS ALSO NOTIFIED AND H2-03 CELL WAS PHOTOGRAPHED AND SEARCHED FOR ANY CONTRABAND PER O.I.G. THEN SECURED AND SEALED AS POSSIBLE CRIME SCENE.

IAC WAS NOTIFIED AND AT THIS TIME THE DIAGNOSIS FOR THIS INCIDENT IS INDETERMINED. UPDATES WILL BE SENT AS SOON AS INFORMATION IS AVAILABLE.

LT. H. HALEY  
DARRINGTON UNIT

Sent to: DAEAC

<list>

(to)

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\*\*\*\*\*

\*\*\* REQUESTOR: TFO1382 - FOREMAN, TREASURE DARRINGTON UNIT \*\*\*

\*\*\*\*\*

\*\*\* S Y S M I N B A S K E T P R I N T \*\*\*

MESSAGE ID: 099751 DATE: 07/16/04 TIME: 02:28pm PRIORITY: 000

TO: TFO1382 - FOREMAN, TREASURE  
WARDEN'S SECRETARY  
DARRINGTON UNIT  
59 DARRINGTON ROAD  
ROSHARON, TEXAS 77583

FROM: JG09667 - GOMEZ, JAVIER  
CHAPLAIN II  
HOSPITAL AT GALVESTON  
P.O. BOX 48, SUB-STA #1  
GALVESTON, TEXAS 77555

SUBJECT: ROBERTSON, RICKY #1172218

THE ABOVE REFERENCED OFFENDER WAS PLACED ON THE CRITICAL LIST ON  
7/16/04 AT 0420 HRS BY DR. MOVVA DX:OVERDOSE THE NOK WAS CONTACTED  
AT 1350 HRS AS LISTED BELOW.

ROBERTSON, ROY/BRO  
21 N. LINCOLN AVE.  
NILES, MI 49120  
269-683-2393

AUTH: S. WARDEN K. NEGBENEBOR, TDCJ HG  
CHAPLAIN GOMEZ/LW

|          |          |                            |      |
|----------|----------|----------------------------|------|
| Sent to: | SER/CRIT | <list>                     | (to) |
|          | TFO1382  | FOREMAN, TREASURE          | (to) |
|          | DAMEDMD  | DARRINGTON-MEDICAL-RECORDS | (to) |

\*\*\*\*\*

\*\*\* REQUESTOR: TFO1382 - FOREMAN, TREASURE DARRINGTON UNIT \*\*\*

\*\*\*\*\*

\*\*\* S Y S M I N B A S K E T P R I N T \*\*\*

MESSAGE ID: 102421 DATE: 07/16/04 TIME: 08:46pm PRIORITY: 000

TO: TFO1382 - FOREMAN, TREASURE  
WARDEN'S SECRETARY  
DARRINGTON UNIT  
59 DARRINGTON ROAD  
ROSHARON, TEXAS 77583

FROM: DAWAR01 - DARRINGTON\_UNIT\_INMATE\_RECORD  
INMATE RECORDS STAFF  
DARRINGTON UNIT  
59 DARRINGTON ROAD  
ROSHARON, TEXAS 77553

SUBJECT: I-07495-07-04

UPDATED INFORMATION ON OFFENDER ROBERTSON, RICKY #1172218

ON 07-16-04 AT APPROX. 15:10 HOURS OFFENDER ROBERTSON, RICKY #1172218  
WAS PRONOUNCED DEAD. THE DX: OVERDOSE/SEPSIS, OGI, CESAR SANCHES  
WHICH WAS DETERMINED BY DR. BEARY AT 15:58 HOURS. THE OFFENDER PASSED  
AWAY AT HOSPITAL GALVESTON. THE DUTY WARDEN WAS NOTIFIED.

FROM: DARRINGTON UNIT  
AUTH: LT. G. BENNETT

Sent to: DAEAC <list> (to)

83

\*\*\*\*\*  
\* REQUESTOR: HWE4474 - WESTON, HERMAN DARRINGTON UNIT \*\*\*  
\*\*\*\*\*  
\*\*\* SYSM INBASKET PRINT \*\*\*

MESSAGE ID: 102421 DATE: 07/16/04 TIME: 08:46pm PRIORITY: 000

TO: HWE4474 - WESTON, HERMAN  
WARDEN II  
DARRINGTON UNIT  
59 DARRINGTON ROAD  
ROSHARON, TEXAS 77583

FROM: DAWAR01 - DARRINGTON\_UNIT\_INMATE\_RECORD  
INMATE RECORDS STAFF  
DARRINGTON UNIT  
59 DARRINGTON ROAD  
ROSHARON, TEXAS 77553

SUBJECT: I-07495-07-04

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FROM: DARRINGTON UNIT  
AUTH: LT. G. BENNETT

Sent to: DAEAC <list> (to)

\*\*\*\*\*  
 \*\*\* REQUESTOR: JMO5616 - MOSSBARGER, J.W. DARRINGTON UNIT \*\*\*  
 \*\*\*\*\*  
 \*\*\* SYSM INBASKET PRINT \*\*\*

MESSAGE ID: 093051 DATE: 07/16/04 TIME: 03:16am PRIORITY: 000

TO: JMO5616 - MOSSBARGER, J.W.  
 ASSISTANT WARDEN  
 DARRINGTON UNIT  
 59 DARRINGTON ROAD  
 ROSHARON, TEXAS 77583

FROM: DAWAR01 - DARRINGTON\_UNIT\_INMATE\_RECORD  
 INMATE RECORDS STAFF  
 DARRINGTON UNIT  
 59 DARRINGTON ROAD  
 ROSHARON, TEXAS 77533

SUBJECT: I-07458-07-04

*Handwritten notes:*  
 - the monitor - limiting  
 5:30 AM  
 385  
 1445-(ICU)  
 0 on dose  
 ✓  
 looks bad  
 baby -  
 (clad in)

ON 7-15-2004 AT APPROXIMATELY 9:35 PM, SUPERVISORS WERE SUMMONED TO H-LINE DUE TO AN UNRESPONSIVE OFFENDER.

UPON ARRIVING AT H-LINE, OFFENDER ROBERTSON, RICKY L TDC#1172218 WAS OBSERVED IN H2-03 CELL, LAYING ON HIS ON HIS BUNK LEANING AGAINST THE TABLE. OFFENDER WAS UNRESPONSIVE. OFFENDER WAS CARRIED OUT OF THE CELL AND PLACED ON THE GURNEY AND ESCORTED TO UNIT INFIRMARY.

ONCE IN UNIT INFIRMARY, OFFENDER WAS EXAMINED BY UNIT MEDICAL. OFFENDER WAS UNRESPONSIVE TO AMONIA CAPSULES AND PAIN STIMULI. VITALS WERE TAKEN SHOWING OFFENDERS BLOOD PRESSURE WAS LOW. BLOOD SUGAR LEVELS WERE CHECKED ALSO. AXILLARY TEMPERATURE WAS 108. ON CALL PHYSICIAN (ABRAHAMS) ORDERED OFFENDER TO BE LIFE-FLIGHTED.

ACTING SENIOR WARDEN (WESTIN) WAS NOTIFIED.

LIFE FLIGHT ARRIVED AND OFFENDER WAS TRANSPORTED TO U.T.M.B. GALVESTON

ACTING SENIOR WARDEN WAS AGAIN NOTIFIED. O.I.G. (MR. SANCHEZ) WAS ALSO NOTIFIED AND H2-03 CELL WAS PHOTOGRAPHED AND SEARCHED FOR ANY CONTRABAND PER O.I.G. THEN SECURED AND SEALED AS POSSIBLE CRIME SCENE.

EAC WAS NOTIFIED AND AT THIS TIME THE DIAGNOSIS FOR THIS INCIDENT IS UNDETERMINED. UPDATES WILL BE SENT AS SOON AS INFORMATION IS AVAILABLE.

LT. H. HALEY  
 DARRINGTON UNIT

Sent to: DAEAC

<list>

(to)

\*\*\*\*\*  
\*\*\* REQUESTOR: DAWAR01 - DARRINGTON\_UNIT\_INMAT DARRINGTON UNIT \*\*\*  
\*\*\*\*\*  
\*\*\* S Y S M O U T B A S K E T P R I N T \*\*\*

MESSAGE ID: 093051 DATE: 07/16/04 TIME: 03:16am PRIORITY: 000

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LT. H.HALEY  
DARRINGTON UNIT

Sent to: DAEAC <list> (to)